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Just in Passing—

**M**AINTEINING the morale of hospital employes will be no easy job during this upset period. It is a pleasure, therefore, to announce that next month Dr. William Menninger will deal with this problem. His discussion is equally applicable to general and mental hospitals.

**T**HE conservation of nurses' time is the subject of another headliner next month.

**A**S THE membership of Blue Cross plans increases, the economic stake of hospitals in the plans grows. Consequently, hospitals will be interested in a new type of financial report for Blue Cross plans worked out by E. A. van Steenwyk of Philadelphia. His forms show at a glance all of the significant information regarding the growth and soundness of a plan.

**G**ROUP PURCHASING has long agitated the hospital field. Next month it will be debated by two persons who have come to opposite conclusions.

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### VITAMINS

# LOOKING FORWARD

## Taxation of Hospitals

**"H**ARD cases make bad law." Do difficult problems likewise lead to bad thinking? Today the financial problems facing both the United States treasury and the voluntary hospitals are exceedingly difficult and both groups should exercise extreme care to avoid unwise decisions.

The treasury department is, naturally, combing every source to attempt to find additional revenue. While the federal debt mounts toward the \$150,000,000,000 level, the treasury is forced to increase as much as possible its total income. We should pay for the war as we go, insofar as we can. It is far easier to make sacrifices now than it will be later.

In its search for additional revenue, the treasury department has looked with a hungry eye at the charitable institutions of the country; among others, the voluntary hospitals. Two proposals have been made and one new regulation has been suggested.

The first proposal is that Congress impose a tax on the income of charities that is "derived from a trade or business not necessarily incident to their exempt activities." This proposal, if enacted, would mean that the government would abandon the use test as a criterion in establishing the right to exemption from taxation and would go to the source test. Thus, money that arises from sources that are not directly concerned with the charitable purposes of the hospital would be taxed even though that money was definitely earmarked to be used to maintain the charitable work of the institution. The treasury states that "privately owned businesses are forced to compete" with certain charities.

One cannot deny that in certain instances there has been abuse of their tax-exempt status by certain charities, some of which have become exceedingly wealthy and have rendered little real community service in return. But in the present proposal is not the treasury throwing out the baby with the bathwater? Isn't the remedy worse than the disease?

If there are abuses of tax exemption, why not strike at them directly and without jeopardizing the charitable work of many other effective charitable institutions?

No sensible person will deny that an agency that wishes to avail itself of the tax-exempt status of a charity should earn that right by actually performing charitable services of substantial benefit to the public. Apparently, the treasury also recognizes this simple fact; it is now requiring all tax-exempt organizations to submit actual reports on the amount of charitable service they perform. Surely no intelligent hospital will object to that. If it performs no charity, it should hardly expect to have the tax exemption privilege that is accorded an institution that is giving \$10,000 or \$50,000 a year in free service.

The second proposal of the treasury is to limit the percentage of a decedent's estate that can be left to a charity without incurring estate taxes. The treasury states that the present law enables a wealthy person to "escape all liability under the tax." Yes, by giving up his estate entirely to charity. Why not? It is the charity that would suffer from the tax, not the relatives of the decedent. The treasury says that the present law enables decedents to perpetuate "family control over their wealth without paying the estate tax." Such instances must be rare; here again the remedy should be applied directly to the abuses, if any, and not made general to all cases.

Charitable institutions, if they function as they should, are partners of the government in meeting social responsibilities. If one of the partners, especially the more powerful one, becomes too avaricious and focuses too much attention upon the other's minor flaws, the partnership will not be a happy or successful one.

## New Money

**I**N A RECENT letter, Dr. S. S. Goldwater points out that, although gifts and bequests from individuals for hospital construction and expansion are diminishing, corporations are more and more disposed to give substantial portions of their surplus income to community hospitals for necessary plant development.

This statement is corroborated, at least in part, by the experience of one of the large fund raising concerns that reports that in the decade ending in 1929 hos-



pitals for which it conducted campaigns raised 97 per cent of their goals while in the period since the invasion of Poland such campaigns have raised 97.3 per cent of the goals. Support has been maintained not only in the face of increased taxation but, perhaps, because of it.

Before one can be sure that the increase in corporate giving and in gifts from small donors will be sufficient to offset the decrease in large individual gifts, one ought to know the extent to which the total volume of gifts has been maintained and the degree to which this meets the needs of the voluntary hospitals. Some hospitals have simply refused to embark on needed fund raising campaigns because the trustees believed they would be unsuccessful. Were these trustees unnecessarily apathetic or timid?

A thorough study of the whole problem of financial support for voluntary hospitals during the war and immediate postwar years should now be made. It is heartening to know that the American Hospital Association is considering the appointment of a national commission to make such an inquiry.

In the meantime, for the guidance of individual hospitals that are facing the problem of finance, some additional words from Doctor Goldwater's letter are apropos:

"The degree of corporation interest in local hospitals depends upon the kind and volume of services which the hospitals perform for the local community and, more particularly, for corporation and business employees, who are the backbone of our American communities. Semiprivate and ward prepayment plans offer the best possible means of bringing corporations and their local hospitals closer together. Voluntary hospitals should therefore in their own interest, as well as in the interest of the community, aid in the expansion of prepayment plans on terms suitable to the resources and needs of workers. The future of voluntary hospitals is in their own hands."

## Vacation in War Time

SUMMER is almost here, yet hospital occupancy continues high. Shortages of personnel grow weekly more acute, and the vacation season is all but on us. What are we to do: Clamp down on all vacations as a war or patriotic measure? Cut vacation periods in half? Reduce service already reduced to the point at which most of the old refinements are lacking?

Suppose you decide to abolish vacations this year, even though you know that the employees, like yourself, are already upset mentally and emotionally by extra demands and by war psychology and are needing a change even more than they normally need one. That isn't sound thinking.

Suppose you cut all holidays in half, giving graduate nurses two weeks instead of the usual four, or ten days instead of the usual three weeks. The chances

are, as one able administrator recently pointed out, that they will simply take the extra two weeks or ten days on their own time. Your service problem still isn't solved.

Suppose you tell the cook that what with the labor turnover in the kitchen you can't allow him any time off this summer. He will just lay down the soup ladle and walk across town to a defense plant where the pay is better and the temperature and humidity are controlled.

At a recent meeting of the Chicago Hospital Council this matter of 1942 vacations was threshed out. The consensus was: Vacations as usual, with each person on the job working a little harder than the hard work he is already doing.

Now comes the official W.P.B. policy in regard to war-time vacations, as announced by Donald M. Nelson: "Experience here and abroad is indicating that the worker, even stimulated by the urgency of the allied war situation, cannot work long hours and maintain peak output indefinitely. We know that he benefits in peace time from an annual vacation. We can be sure some rest period this year is going to prove doubly effective in the restoration of his energy and determination."

## Soldiers as Practical Nurses

THE president of the American Hospital Association has recently suggested a promising method of helping to relieve the acute shortage of nurses. Hospitals have already been asked to accept picked men from the armed forces for short intensive training as laboratory and x-ray technicians. Would it not be possible, he suggests, in a similar way for hospitals to set up intensive training courses for male practical nurses?

Enlisted men or draftees chosen for this type of work and men with physical disabilities who are not eligible for heavier combat duty could be sent for training in hospitals or groups of hospitals with approved facilities and courses of instruction. The curriculum could be simple with the practical aspects emphasized. Perhaps 10,000 male practical nurses could be trained in one year.

These men should not be confused with the commissioned trained nurses of the Army and Navy and would acquire no professional status or license. Under the supervision of trained Army and Navy nurses, they could perform many duties that would otherwise fall within the field of the commissioned nurse. This suggestion has already been submitted to the office of the surgeon general of the Army.

In England conscientious objectors have rendered yeoman service in hospitals in a variety of capacities. Perhaps we are wasting an important source of needed manpower in placing these men in camps and having them carry on public works that could well be postponed until the war is over.



## *You Can Save in the Surgery*

**RAYMOND W. McNEALY, M.D.**

Chief Surgeon, Wesley Memorial Hospital, and  
Chief of Staff, Cook County Hospital, Chicago

**E**CONOMY in the surgical field of the hospital should not be confused with parsimonious or penurious practices that might jeopardize the margin of safety to the patient. We cannot be concerned primarily with the dollars-and-cents attitude of economy because we are dealing so frequently with the dramatic crises of life; our first concern must be for human beings rather than for cost.

True economy should be an orderly management of material, tools and furnishings so that there will be no loss or waste.

### **Use Supplies Properly**

In these anxious days, it behooves us to consider seriously the proper use of all the supplies and equipment of the surgical pavilion, for in our modern hospitals such equipment represents a considerable investment and probably stands second only to the x-ray department in cost of outfitting. We are, moreover, faced with the fact that much of our armamentarium and many of our supplies stand high in the list of almost unattainable priorities.

In some fields, the possibilities of substituting equally efficient but less expensive materials must be reviewed frequently, because the market is rapidly becoming depleted of certain types of equipment that we have long regarded as commonplace and

inexhaustible. We must zealously conserve those instruments and supplies that will soon become increasingly difficult, if not impossible, to replace.

It would seem unnecessary to remind professional people that they should exercise extreme care in the handling of tools of such precision as surgical instruments. They are expensive, carefully designed and delicately fashioned. That they should remain in perfect working condition needs no emphasis when we consider the fact that so much depends on the accurate application of each one. The injudicious utilization of delicate forceps on surgical drapes, bones and heavy fasciae should be avoided as far as possible. Such usages tend to destroy the ratchets and to impair the precision of their interlocking devices.

In this connection, we have found many places in which to employ the lowly spring type of clothespin. We use it to fix sheets to the anesthetist's shield and to fasten drapes about the solution bottles; in many other similar ways it has proved satisfactory. The efficiency of our much more costly forceps and clips is more quickly destroyed when they are employed for such purposes.

It would seem superfluous to go into much detail about the proper routine cleansing, oiling and sterilizing of forceps, hemostats and other

instruments. However, it may not be recognized widely enough that the careless heaping up of instruments in pans and trays and the dropping of large numbers of miscellaneous implements into containers do much to mar them and destroy their working mechanisms and surfaces. Permitting instruments to stand half covered by water or still wet from sterilization is conducive to corrosion and rusting.

### **Repair Prolongs Tool's Life**

Supervisors in the operating room should give attention to the prompt replating and repair of surgical tools. If this is done regularly, the life of the instruments will be prolonged considerably. Scalpel blades may be resharpened four or five times before they are finally discarded.

Few of the personnel of the operating rooms appreciate the amount of breakage that occurs in the course of a month. An impressive lesson might be taught without words if all the instruments and glassware broken during one month were collected and displayed on a table or in a case in the operating room corridor. No comment would be necessary other than a label with the total cost of breakage. This need not be a permanent display, but if done at intervals it would direct attention forcefully to the part that proper care plays in the economical use of instruments.

Perhaps only the laundry workers have an accurate picture of the unnecessary destruction of linen that

takes place in a hospital. In the care of linen there are two economy measures that should be kept in mind constantly.

The first has to do with the draping of sheets and towels about the operating field. The injudicious use of towel clips, which make sizable holes in these drapes, should be avoided. Even more carefully should the towels and sheets be removed when the operation is finished. It is here, during the breaking up of the sterile arrangement, that a quick jerk or pull may tear large holes in sheets or towels if the retaining clips and pins have not been carefully sought out and removed.

The second economy measure in the care of linen lies in the careful and immediate washing out of discharge stains and blood. If this is done before they have dried into the cloth, it requires much less friction and wear to remove them.

Salvaging of used gauze is a source of great saving in many hospitals. The gauze may be washed, stretched, folded, wrapped and autoclaved and then used for scrub sets, floor dressings and minor surgery. Every piece of torn sheet, drape, napkin, towel and pillow slip should be saved and cut into standard-sized squares. These, when employed as wrappings for sterile supplies of all kinds, can be used over and over again.

When packages of gauze folds have been opened but not used, the

pieces should be repackaged immediately and returned to the sterilizing room; they should not, under any circumstances, be thrown among the discarded, used folds.

Rubber gloves are going to be increasingly difficult to obtain in adequate numbers. It is possible that little can be added to what has already been taught those familiar with operating room procedure, but many of the familiar warnings can be reemphasized. Gloves should never come in contact with oily substances, such as vaseline and ointments; neither should they be permitted to contact adhesive plaster. The time of autoclaving must be watched carefully and no overheating should occur. It is important that gloves be powdered adequately inside and out before sterilization in order to prevent the fingers from sticking together. The common type of household glove is serviceable and economical in the application of plaster dressings.

So many published articles are appearing at this time on the use of substitutes for silk that we need to mention only the fact that cotton thread would seem to be a suitable and inexpensive substitute. Catgut is entirely a domestic product and we need observe only the usual care and economy in its handling. Surgical needles must be carefully treasured, as they are difficult to replace. Care on the part of surgeons and

scrub nurses may keep breakage and loss of precious needles at a minimum.

Soap dispensers that have outlived their efficiency should be supplanted by new ones or their working parts should be rechecked and repaired. Much waste takes place when they leak or dispense excessive amounts. Many hospitals find bar soaps to be both economical and efficient and they save the expense of installing dispensers in the scrub-up rooms.

In the use of antiseptic solutions, it is easy to tread on tender toes. There are probably more surgical fetishes in this field than in any other. If surgeons and operating room personnel can be impressed with the fact that soap and water will do a great deal to reduce the likelihood of infection from skin surfaces, there will be little need to stress the economical use of the various solutions used for skin preparation. One of the most wasteful methods practiced is pouring considerable quantities of antiseptic solutions into medicine glasses or similar containers and then discarding what is left after one field preparation. It should go almost without saying that such a practice must be abandoned if the economy program is to be successful.

Alcohol is already a considerable item of expense in hospital budgets. The use of alcohol dispensers should obviate the wasteful evaporation that takes place when solutions of alcohol are placed in pans and left standing in the operating rooms.

A searching investigation might uncover many more activities that would contribute to economy. But it is difficult to draw any sharp lines along which really practical saving can be directed. The fact that the entire nation is economy conscious may make it much easier to uncover those extravagances which exist in many institutions and which, in times of peace and plenty, are seldom emphasized. In most hospitals supplies have been so generous that many conscientious workers have not appreciated what savings may be effected by a judicious economy.

A final note might be sounded by suggesting that every economy measure should be weighed carefully so that in no instance may it be said that we are penny wise and pound foolish.

## Discarded Rubber, Metals Wanted

**T**O ALLEVIATE, in some measure, the critical shortage of rubber and certain ferrous and non-ferrous metals, state and local committees have been established in practically every state in the country for the salvage of these materials. Paul C. Cabot, deputy chief of the Bureau of Industrial Conservation of W.P.B., announces that it is becoming increasingly necessary to tap all possible secondary sources and to reclaim every ounce of these badly needed war materials.

There is a potentially large source of these critical materials to be reclaimed from hospitals, clinics and diagnostic laboratories throughout

the country. Large amounts of rubber, America's No. 1 shortage, can be reclaimed from existing scrap rubber now lying about in the form of discarded tubing, hot water bottles, ice caps, invalid cushions, bottle stoppers and surgeons' gloves.

Every hospital is urged strongly to collect such material and to get in touch with state or local salvage committees, which can advise the value of this scrap material and can indicate the best method of disposition. The addresses of these committees and chairmen serving the various areas may be obtained from the Bureau of Industrial Conservation, War Production Board, Washington, D. C.





# Running an Army Hospital

**M. HERBERT FINEBERG**

Major, Medical Corps, U. S. Army Station Hospital, Fort Devens, Mass.

**T**HE question is often asked, how does running an Army hospital differ from directing one in civilian life? There are two major differences, a host of minor ones and a great many similarities.

Army hospitals differ among themselves tremendously even as civilian hospitals do. There are the large permanent well-equipped Army hospitals, such as Walter Reed Hospital at Washington, D. C., comparable to the best civilian hospitals in every respect. Then there are the hastily constructed, temporary wooden barracks-like buildings that house the large station hospitals in the overgrown cantonments. Still farther down the line there are the hospitals set up in tents that care for the immediate needs of the troops in the field.

The typical present day station hospital in the large posts throughout the country consists of a sprawling group of single storied wooden buildings connected by corridors. The Station Hospital at Fort Devens, Mass., for instance, consists of almost 100 of these buildings and covers an area of 55 acres. It is planned to care for 1000 patients but can be expanded to accommodate 1500. With the foregoing in mind, let

us compare operating such an institution with directing a large civilian hospital. The main differences arise from the greater power and responsibilities vested in the commanding officer of the Army hospital and from the fact that Army patients are hospitalized for a longer period than civilians; if a soldier is not well

enough to be on duty he is usually kept in the hospital.

The Army believes in unified control and the commanding officer of an Army hospital is, so to speak, its "lord and master." He is its professional as well as administrative head. He is responsible for the type of care the patient receives in the institution and also is responsible for the military and technical training of

## Army Opinion on Lay Hospital Administrators

The Surgeon General has directed me to acknowledge your letter of March 20 and to express his hope that should the young men to whom you refer [trained lay hospital administrators] enter the military service, through either enlistment or induction, they take the necessary steps for their selection as officer candidates to attend the school established by the Medical Department to qualify selected enlisted men for appointment in the Medical Administrative Corps of the Army of the United States. No appointments are being made in this section of the Medical Department direct from civil life.

While training and experience in hospital administration will be of inestimable value to the Medical Department, it is considered necessary that this civilian training and experience be complemented by formal minimum training prior to their entering upon the various duties which will be required for performance in the military service.

The officers' candidate school at Carlisle Barracks, Pa., has a capacity of 750 students, 250 of whom will be graduated each month, thus providing a more adequate number of officers in this category for the Medical Department.

Francis M. Fitts  
Lieut. Col., Medical Corps  
Assistant

all elements of his command, both officers and enlisted men.

To help him in his task he has a number of assistants, comparable to the assistant superintendent and the department heads of a civilian hospital. The executive officer occupies a position similar to the assistant superintendent. Then there is the sergeant-major who, although nominally only the chief clerk, is actually the commanding officer's right-hand man in many administrative matters.

The administrative department heads usually consist of the adjutant; the receiving and disposition officer, through whose office all patients entering and leaving the hospital must pass; the registrar, who has charge of the patients' records or histories; the detachment commander, who has charge of the enlisted men attached to the hospital; the mess officer; the

The commanding officer of an Army hospital is a graduate of a class A medical school who has worked his way up through the lower grades of the medical corps and has had considerable and varied experience before being placed in charge of a large hospital. While the commanding officer in the larger Army hospitals usually does not have time to treat patients personally, he does have the responsibility of seeing that the professional care is adequate. The amount of actual professional work he does himself, however, varies with the size of the hospital, the number and type of medical officers he has under him and his own inclinations and capabilities along that line.

One of the cardinal principles of civilian hospital management is to try to maintain as stable a staff of

civilian hospital superintendents. In the question of design and plan of buildings, of equipment and of supplies, there is far less latitude than in civilian life.

The second large group of differences between Army and civilian hospitals results from the difference in the patients treated in these institutions. There is no provision made in enlisted men's barracks for the soldier to stay in his bed during the day. As a result of this policy, patients are kept in the hospital far longer in the Army than in civilian life. This invariably impresses the civilian visitor who finds patients walking around the corridors, making their own beds and going to the mess hall for meals; these patients are simply not well enough to return to duty.

The credit department of the civilian hospital does not exist in the Army. There are no charges whatsoever for enlisted men, while officers and dependents are charged a nominal fee for board only (no charge for medical or surgical service, medications, x-ray or laboratory procedures). As a corollary to this, Army doctors do not have to take into account the question of expense in determining the length of time a patient should stay in the hospital.

The fluctuation in occupancy is also greater in Army than in civilian hospitals. At one time there may be 5000 men at a military station and a week later there may be 60,000 men on the same post; naturally, this is reflected in the hospital census. However, Army hospitals are built to expand rapidly and the soldiers do not complain about minor inconveniences that may be caused by these sudden changes in the number of hospital patients.

Now a word as to the similarity between Army and civilian hospitals. Both types of institutions exist primarily for the care of the patient; the Army hospitals at the various posts are, for the most part, doing an excellent job of treating the sick and injured. Every effort is made by the Army to take advantage of the newer scientific advances. With the aid of specialists recruited from the reserve officers and from the ranks of civilian physicians, the Army hospitals render a service to the patients comparable to that of the best civilian hospitals in the country.



Army nurses on duty at Station Hospital, Fort Devens, Mass., take time out for a short walk along the corridor between the station hospital buildings.

supply officer, and the chief nurse. The number of these department heads varies in different hospitals. On the professional side, there are the chiefs of the various services, such as surgery, medicine, dentistry and laboratories. These services, in turn, are divided into various sections, such as orthopedics and urology.

It has been said of civilian hospitals that "the hospital is the lengthened shadow of the man who directs it." This is even more true of an Army hospital where the commanding officer is responsible for the professional care of the patient, the administrative management of the institution and the military and technical training of all elements of his command.

department heads as possible, keeping the labor turnover at a minimum. Hospital superintendents pride themselves on the number of years members of their staff have been with them. In the Army this is impossible. The personnel, both officers and enlisted men, is continually being shifted. Often a man has been just well broken in when he is transferred and the training process must begin all over again. This instability of his staff is a condition that would drive many a civilian hospital superintendent to distraction. On the other hand, military employes cannot strike for higher wages or leave for a better job.

The standardization of Army hospitals is also a matter that would irk the more individualistic among



# Wanted: *More Hospital Aids*

RAYMOND P. SLOAN interviews MRS. WALTER LIPPMANN

"AMERICAN women are responding valiantly to the call to enroll as nurses' aids in the American Red Cross training program. Latest figures show that 17,979 students are now enrolled, with 7979 others actually certified and performing ably in certain hospitals throughout the country."

Mrs. Walter Lippmann, national director, Volunteer Nurses' Aid Corps of the American Red Cross, reviews with pride the steadily mounting figures that cross her desk in Washington.

"Of course they aren't enough, not a quarter enough, but we've only just started, and the problems have been many, still are for that matter. It would be simple to make the numbers more impressive if we lowered standards, became less selective in those we enrolled, less critical of the supervision the students receive. But that wouldn't help, would it? We wouldn't be receiving such enthusiastic letters here at headquarters in Washington and at the 527 Red Cross chapters sponsoring these courses.

"Your hospitals like our women," and the speaker held up in her hands as evidence a batch of correspondence that her secretary had placed before her a few minutes previous.

## Aids Are Popular

As though the interviewer need be told. Only a short time before he had left an institution where Red Cross aids were at work, five of them immaculately uniformed, quietly performing their tasks. "Our patients like them," the administrator had told him, "our doctors like them, and the nurses can't say enough in their praise. If only we could have more."

That is the cry everywhere. "If only we could have more."

Mrs. Lippmann recognizes the problem as do her Red Cross associates. Drives and intensive recruiting campaigns are helping, of course, but the only hope for the continued success of the program lies in the

maintenance of certain standards. Mrs. Lippmann repeats this with conviction.

"Once we lower our requirements the success of the program is jeopardized. For this reason," she adds, "we believe it better to build slowly and surely."

To accomplish this, nurses' aid committees have been established and are functioning successfully in communities in which training courses are in progress. These generally comprise a hospital administrator, the chief of emergency medical service, an educational leader, leading lay women in the community and representatives from the local organized nursing groups, from the hospitals which train the aids and from the hospitals and health agencies that use the trained aids. It is the responsibility of these committees to pass on applicants and see that their performance measures up to Red Cross standards.

"We don't want people who will become problems," Mrs. Lippmann's slender, efficient fingers tap the desk determinedly. "We have enough of them as it is, haven't we?"

One reason for the inability to get the desired number of students is that many cannot give the required time to training during the day. In more than 50 chapters evening classes for professional and working women are being conducted most successfully, these aids getting their ward practice and subsequent volunteer service in the evening, on Saturday afternoon, Sundays and holidays.

Another objection that is being overcome is the apportionment of students to specific hospitals. This has presented a difficult situation in certain areas particularly. Whereas it is natural that after certification the student should desire to serve in a specific hospital, probably the one in which she has trained, the cooperation of all concerned is necessary in making as equitable an adjustment as possible of volunteer service. The Red Cross recommends service in a

minimum of two hospitals, thus permitting the student to get a broader concept of hospital service. Some flexibility is necessary, however, in making these allocations.

Mrs. Lippmann admits that she was waiting for the next question, at the same time modestly confessing that she may not have all the answers. Who has, particularly these days?

"What can hospitals do to help in enlisting the services of volunteer nurses' aids?"

"If possible they could arrange their schedules to provide evening training. I am referring, of course, to that part of the course that must necessarily be given in the hospital. We are sure that we are losing valuable material because of this.

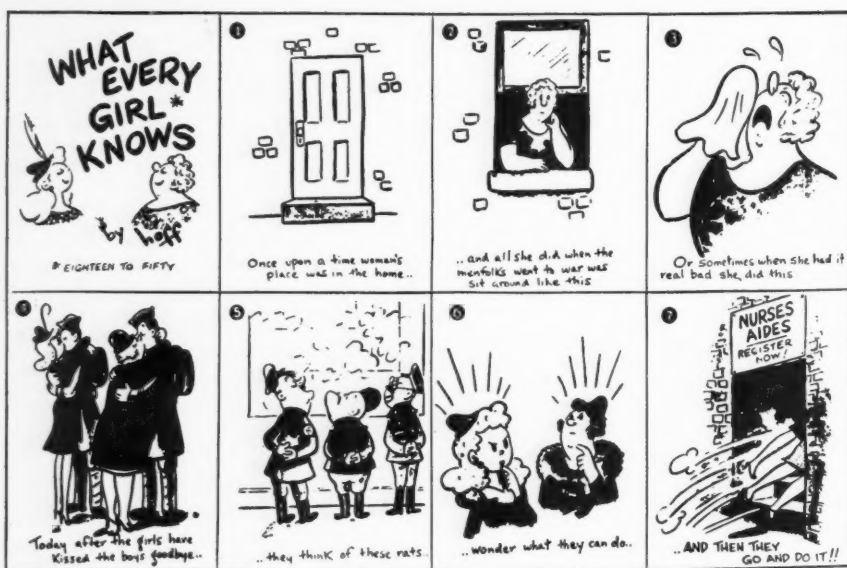
## Summer Aids Are Needed

"We are particularly anxious to take advantage of the services of women who may be free to help during the summer: teachers, for example, who are willing to forego their vacations, and college students who are anxious to serve their country. Such assistance will help fill the depleted ranks of those volunteers who are in summer residence somewhere and unable to serve regularly.

"But we are not fearful that hospitals will suffer for lack of nurses' aids with the arrival of hot weather. Our women are not that type. The great majority are giving far more than the 150 hours required, many of them working several days each week, some every day. They regard themselves in service, just as the men of their families are in service. This summer it will be popular to stay home and to keep on fighting. But all the same we need to enlist the interest of teachers and college women if possible. They are the type we're after.

"Another way that hospitals can help is by cooperating to maintain standards. Although our affiliations thus far have been principally with institutions approved by the American College of Surgeons, we recognize that exceptions must be made.





— By Permission of New York Herald Tribune —

Did I tell you that we now have 875 hospitals training our aids with many more receiving trained aid service?"

Mrs. Lippmann refers to the progress report she keeps always before her. "But there is one point on which we cannot afford to give an inch." Her dark eyes flash defiantly. "We demand adequate nursing supervision.

"I was describing what hospitals could do to maintain standards. We've had difficult times as you may expect. There is, for example, the hospital that inaugurates its own training course for nurses' aids, a few hours as against our eighty. Obviously it isn't fair that women who have studied so much longer and harder should be classified with those who have scarcely learned the rudiments. When we pointed this out rather firmly, the hospital was quick to see the point and graciously conceded to our request. It wanted Red Cross women. You can easily see why we must take such a stand."

The fact that many of these women are proving so efficient presents another problem in which the hospital administrator can help. Mrs. Lippmann explains frankly that Red Cross officials are worried over the possibility that in emergencies the aids may be encouraged to perform duties for which they are not trained and not qualified. "This should not be permitted," she warns.

"The Red Cross provides a list of specific duties for which the aid can be held responsible. She should not be asked to do more. When such a situation arises, she must refuse and

report the matter to the nursing supervisor; otherwise, serious damage may result.

"I know what you are going to ask," Mrs. Lippmann has the faculty of always being two questions ahead of her interviewer. "You are going to ask me about insurance as applied to volunteer aids. The American National Red Cross has some 3700 chapters, 6000 branches and, by best estimate, more than 2,000,000 volunteers. These volunteers are engaged in all the varied duties of the Red Cross program. The Red Cross does not cover the volunteer services by insurance. We believe that the situation must be treated as one for the attention of each hospital."

At this point the interviewer interrupted to recite the instance of a large university hospital which only recently had taken out a special policy to cover its volunteers. "For the value of the work they do for us the cost, which amounts to approximately \$350 yearly, seems small," the director had explained.

Mrs. Lippmann cites other instances and reiterates that it is a decision that each hospital must make individually on the best possible advice.

In studying the application of compensation insurance numerous factors are involved. Do hospitals ever supply meals to nurses' aids? If so, might this be interpreted as remuneration for service rendered?

"This is something for the hospitals to consider," Mrs. Lippmann admits. "I know of some institutions in which those workers who happen to be in the building during meal-

time are given lunch. We never ask that this be done, but I appreciate that many administrators feel that this is the least they can do for them. I am not enough of a lawyer to know whether the fact that a volunteer is given a meal by the hospital makes her eligible for compensation insurance or not. I imagine that the hospitals or their lawyers are far more competent than I to pass on that question.

"I am sure I don't have to include among my suggestions the fact that the hospital can help by making the aids feel at home and by letting them know that their services are appreciated. It has been my experience that this is being done. In many hospitals, as a matter of fact, the aids are quite the center of attraction for patients, doctors and nurses.

"Isn't it wonderful that volunteers so long regarded with suspicion have acquitted themselves so admirably?" Mrs. Lippmann is as surprised over the results as are many hospital people. "Do you want to know why?" she inquires.

What a relief for the interviewer to have someone else ask a question for a change!

"There are three reasons." A signal from her secretary indicates that time is up. She looks at her watch. "I must hurry. First, selection of the aid; second, her training; finally, her supervision. By the way, don't, please, let hospital people gain the impression that having trained these women we're through. It is our purpose to maintain close supervision of them and to keep checking the work they are doing. The nurses' aid committees about which I spoke before are a great help in this.

"And now briefly what is my message for hospital people? After all, most people who are interviewed are supposed to have some sort of message, aren't they?"

Mrs. Lippmann not only knows the questions but she has the answers.

"Tell them to be patient. We want to make this business of nurses' aids mean something. They wouldn't thank us to swamp them with volunteers who are difficult, inefficient and generally troublesome. For volunteers can be all those things, or haven't you heard?"

And she laughs as she steps toward the door.

# Albany Solves a Credit Problem

A. E. LIFFITON Jr. and E. W. JONES

Credit Manager and Director, Respectively, Albany Hospital, Albany, N. Y.

ALBANY HOSPITAL'S credit department regularly has on its accounts receivable books between 4000 and 5000 open accounts totaling from \$150,000 to \$200,000. These figures give a quick picture of the magnitude of the problem.

Our credit department, working with one of the banks in Albany, has formulated what seems to be a good plan to help people pay their hospital bills and at the same time relieve the hospital of carrying some of the financial load imposed on it by people who are unable to pay cash for hospitalization. After all, the average hospital is in no financial position to operate a loan business.

It is our contention that the hospital funding plan be used only as a last resort, after every effort has been made by the patient or relatives to obtain money for the account on their own behalf. The credit department is to aid the payor in finding assets that are tangible and that can be converted to cash and applied on the account. Only when we know definitely every effort has been made to obtain the money will we suggest the plan. Also, we offer this plan only to those worthy of consideration, as it would be defeating our purpose to use it promiscuously for every case that could not pay on discharge.

The typical case worthy of this plan, we believe, might be a person whose credit report shows fair earning power and a fair record of paying trade bills but who has used all available money in the payment of his hospital bill to date. Before accepting his application, we want to be sure that the account cannot be paid in from three to six months, as we can extend him that much time on the unpaid balance.

The facts to be considered in accepting an applicant for the funding plan are determined by a commercial credit report, the information obtained from the payor or applicant as to available assets and ability to make payment.

The applications for loan, bank note and bank draft are filled out and signed by the borrower. If possible, a cosigner should be obtained further to guarantee the loan. In the case of a borderline account, a cosigner is definitely necessary. Upon admission of the patient the credit department checks the application and attaches to it a transcript of the information received from the commercial credit agency. For this information, the bank is to pay the hospital 50 cents for each application. The forms are referred to the bank, a check is made out for the face of the note, less the interest, and is sent to the hospital for application on the patient's account.

The smooth functioning of this funding plan can be helped by adhering to the following rules:

1. When setting up this plan with the applicant, keep the amount in multiples of \$25, for example, \$125, \$150, \$175.

2. Accept no application for less than \$100.

3. Set up any amount less than \$200 on a twelve months' basis.

4. Set up amounts from \$200 to \$300 on a fifteen months' basis.

5. Set up amounts from \$300 up on an eighteen months' basis.

These stipulations are flexible and other arrangements can be made if the occasion warrants.

The interest rate on all loans amounts to \$5 per hundred dollars per year. There is a minimum charge of \$4 on amounts carried for less than one year.

On loans of \$300 or more to be paid over an eighteen months' period, the bank has a decreasing interest plan: 5 per cent of the full amount for twelve months and 5 per cent on the balance for six months. This reduces the interest rate to approximately 4 per cent for the complete loan.

All loans are insured by the bank's group life insurance policy without extra cost.

After the bank has received the application and has mailed the check to the hospital, the payor is notified when his payments are to start and the amount of each.

If the account is neglected the bank treats it in the same manner that it treats a personal loan and follows it to the point of judgment, if necessary. Before the bank proceeds with the judgment, the hospital is advised and at that time the account can be referred back to the hospital for follow-up and judgment if desired.

When all of the bank follow-up procedures fail, the account is returned. Under the contract agreement, the hospital refunds the bank the remainder of the loan less a fair allowance made by the bank after deducting a carrying charge from the interest received on the first payment. If no payment has been made, the hospital refunds the full amount of the loan, plus 5 per cent interest for the time the money has been used.

The note that the applicant signed is assigned to the hospital so that proceedings against the borrower can be carried out.

By the careful acceptance of all applicants, the hospital reduces the accounts receivable file and has the use of monies that would ordinarily be paid over a long period of time.

The applicant's good will is retained for arranging the loan and the necessity of constantly following accounts for payments is eliminated.

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**Thrice virtuous is this credit plan that relieves the hospital's financial load, eliminates follow-up of lax accounts and helps the patient pay his bill**

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# Sound Technic Prevents Impetigo

STEPHEN MANHEIMER, M.D.

## CHECK POINTS ON THE MANAGEMENT OF IMPETIGO OF THE NEWBORN

1. When a nurse discovers an abrasion of the skin on an infant in the nursery, she shall call the obstetric intern and the resident physician immediately. ☐
2. If the case looks suspicious the obstetric resident shall notify the attending physician, the pediatrician assigned to the nursery, the chairman of the pediatric department, the chairman of the impetigo committee and the local board of health. ☐
3. All nurses, interns and other hospital personnel assigned for service in the nursery must have a nose and throat culture taken and undergo other physical examinations as ordered by the impetigo committee. ☐
4. All persons entering the nursery or having contact with the infants must wear caps, masks and gowns. ☐
5. Infants having impetiginous lesions or suspected of impetigo may not be taken out of the nursery for breast feeding. ☐
6. Infants having impetiginous lesions or suspected of impetigo may not have the ritual circumcision performed unless a private room is employed for the purpose and no relatives or visitors come in contact with the infant. ☐
7. TREATMENT: (a) Nurse shall apply 1 per cent aqueous solution of gentian violet by means of a sterile applicator to the lesions once daily. New lesions as they appear should be treated the same way. (b) The pustules should not be opened. (c) A smear need be taken routinely, only if requested specifically by the attending physician. ☐
8. Any deviation from the routine treatment may be made if approved by the director of the hospital. ☐
9. Any change in the infants' condition or spreading of the lesions must be reported as soon as discovered to the obstetric intern and obstetric resident. ☐
10. Soiled linens are to be soaked in 2 per cent saponated solution of cresol and placed in suitably marked isolation laundry bags. ☐
11. Nurses on duty in an infected or suspected nursery may not enter or work in a clean nursery, linen closet or milk formula station. ☐

**M**ENTION impetigo to the harried hospital administrator and you will cause chills to run up and down his spine. Few conditions in the nursery can be as difficult to control and have such serious repercussions as an epidemic of impetigo.

The public has become familiar with the fact that epidemics can and do occur in nurseries for newborn infants even in well-equipped hospitals of the highest professional standing. These epidemics may be of different types and of varied severity, but by far the most frequent and fortunately the least dangerous are infections of the skin; the common type is impetigo.

Skin infections assume great importance because they tend to spread rapidly from infant to infant and require all of the combined resourcefulness of the medical staff, the nursing personnel and the administrator to check and eradicate.

Circumspection in the performance of duty by the personnel assigned to the nursery is the first and most important step in the control of this bugaboo. To reduce the occurrence of impetigo to a minimum, nurses should be taught in precise terms what is expected of them and the management must see to it that the prescribed technic is rigidly applied.

To be successful in eliminating epidemics the administrator and his associates must exercise eternal vigilance to observe and to analyze all unusual signs and occurrences in the nursery. In this, they need the deductive reasoning of a Sherlock Holmes, the observative faculties of Osler and the logic of Socrates.

For example, dust on the window sill after its continuous absence may indicate a change in the personnel; perhaps a new maid has been assigned to the nursery. The administrator should investigate at once whether the new employe has been properly examined, is free from disease and is free from pathogenic bacteria in her throat and pharynx. The tired appearance of a nurse may be the first indication of a developing tonsillitis or of the presence of infected tonsils; either of these conditions can be the source of an epidemic.

All routine duties of the personnel must be carefully observed and analyzed over and over again. A break in technic anywhere along the line, from the time the infant leaves the birth canal until it leaves the hospital, may be disastrous and nothing should be overlooked if the hospital is to escape epidemics. Frequent surveys of the nursery assignments should be made and all factors that make up this service should be carefully analyzed. Physical examinations of the personnel, including inspection of skin, finger nails and throat, should be made methodically.



# in the Nursery

Director, Mount Sinai Hospital, Chicago

Additional precaution might be taken by locating the contaminated, or isolation, nursery as far distant from the clean nursery as possible. A separate nursery for premature infants is a highly desirable addition to the maternity department. This department should be completely equipped with air conditioned incubators, heated dressing table, oxygen administration equipment and mercury quartz lamp and should be serviced by properly trained nurses.

The administration, in concert with the obstetrical staff, should work out a sound technic for the conduct of the nursery for the newborn and should see that it is rigidly applied. The board of trustees should provide an adequate physical plant and create a proper organization for the management of the department.



William M. Rittase

## CHECK LIST FOR STAFF AND SUPERVISORS

1. In the initial bath use oil or plain water, which ever requires the least amount of rubbing of the skin. Vigorous rubbing may cause microscopic abrasions which may act as the portals of entry for the infection. ☐
2. Give the infant one daily bath only, as a general rule. The less handling the better. ☐
3. See that the clothing is not applied too tight; irritated areas of skin are easily infected. ☐
4. Give individual care. Avoid the common dressing table. ☐
5. Keep the bassinets 12 inches apart. ☐
6. Provide individual utensils conveniently located to each bassinet. ☐
7. Exclude from the nursery persons not on duty or having no work to perform. ☐
8. Control the temperature properly. Overheated rooms cause perspiration and consequent skin irritation. ☐
9. Have a separate soiled linen hamper for the nursery. ☐
10. Give nursery linens special handling in the laundry, with separate drying tumblers. Avoid mangling, as this causes linens to be stiff and irritating to the skin. ☐
11. See that all supplies are scrubbed, cleansed and, if possible, autoclaved before they are delivered to the nursery. ☐
12. Select rubber sheeting carefully as one make may contain certain chemicals irritating to the skin whereas another make may not. ☐
13. Emphasize careful technic and proper handling of bottles, caps and stoppers. ☐
14. Supply an adequate number of nurses to avoid haste, with consequent breaks in technic. ☐
15. Exclude from the nursery all clothes worn by the infant during ritual circumcision; these may have become contaminated by contact with visitors. ☐
16. Take proper precautions when the infant is taken to the mother for feeding. Avoid contacts with unclean linens. Use tissue paper or cloth between the infant and the mother's bed clothes. ☐
17. Cleanse the mother's hands and breast thoroughly before the feeding begins. ☐
18. Avoid contacts on the scale during the daily weight taking. Place a fresh piece of paper on the scale for each infant. ☐
19. Insist that the medical personnel and others who have legitimate business in the nursery wear gowns, caps and masks when they enter. ☐
20. When infection is discovered, institute prompt and adequate isolation. ☐
21. Conduct frequent courses of instruction, emphasizing the importance of using care and explaining the harm carelessness may cause. ☐
22. Develop a feeling of pride among the personnel in its achievements in the nursery and reward those who have the best records. ☐



This comfortable private floor solarium in the new wing of Strong Memorial Hospital provides a restful recluse for convalescent patients and visitors.



Interior of one of the small private rooms, 8 by 15 feet. Patient's steel locker and lavatory are shown in right foreground. Doctors, nurses and patients agree, after several months' trial, that this type of room is adequate for efficient service even when it is necessary to employ special apparatus.

# PRIVACY

BASIL C. MacLEAN, M.D.

**S**TRONG Memorial Hospital is one unit of a medical group or center that includes the school of medicine and dentistry of the University of Rochester, the Rochester Municipal Hospital and the health bureau laboratories of the city of Rochester. Under a contract between city and university, all medical and nursing care and the services of practically all departments, other than housekeeping and maintenance, are supplied by the Strong Memorial Hospital and payment is made by the city for most of these services on a pro rata basis. The out-patient department serves both hospitals and its expense is borne entirely by Strong Memorial Hospital.

Medically indigent patients of the city are admitted to all divisions of the Rochester Municipal Hospital but patients of private status are admitted only to the divisions of psychiatry and contagious diseases. Strong Memorial Hospital provides accommodation for ward patients and for a limited number of semi-private and private patients, with approximately 50 per cent of its patients coming from outside the city.

Conversion of ward or division beds to semiprivate accommodation has been necessary during recent years to meet the needs of an increasing number of patients who have hospital insurance. Persistent demand for more private room accommodation also led to the construction of the new wing described here.

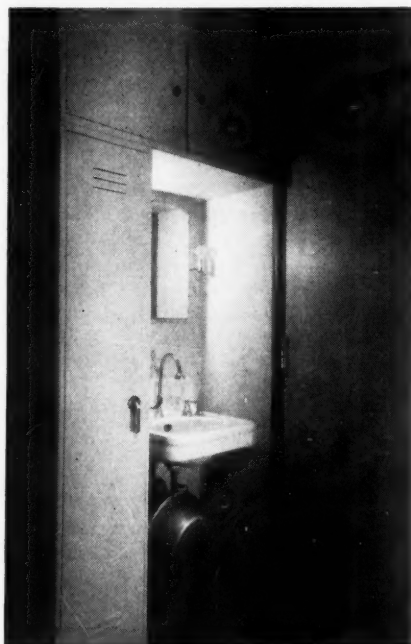
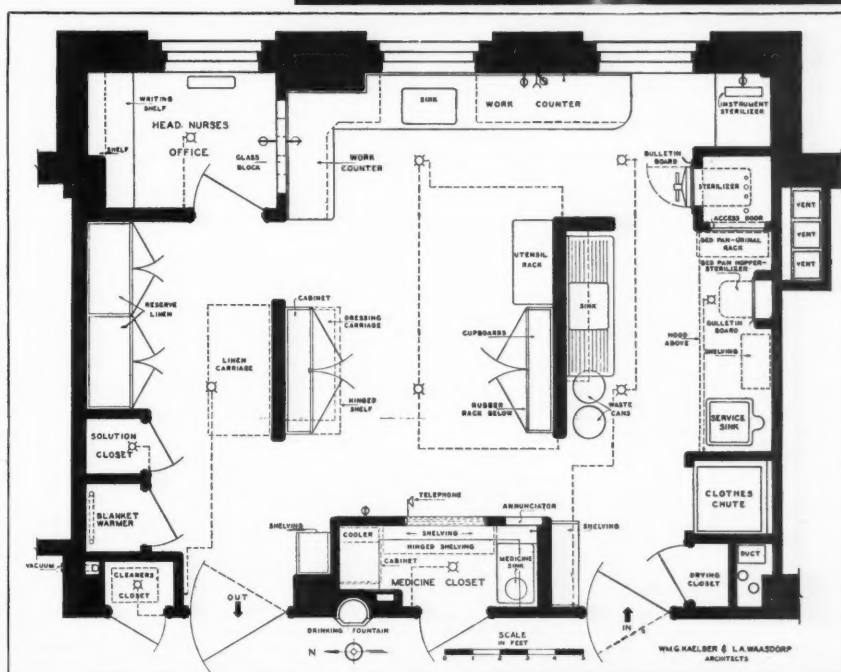
The new wing comprises six floors and a basement. The four upper floors are uniform in design; two floors are occupied by patients; one is being used temporarily as a dormitory for staff nurses, and the other floor is unfinished. The two lower floors provide additional dining room and kitchen facilities, locker and rest room space for employees and also a suite of private offices for attending physicians and surgeons. A connecting two story building is occupied by administrative offices.

## for Small Purses

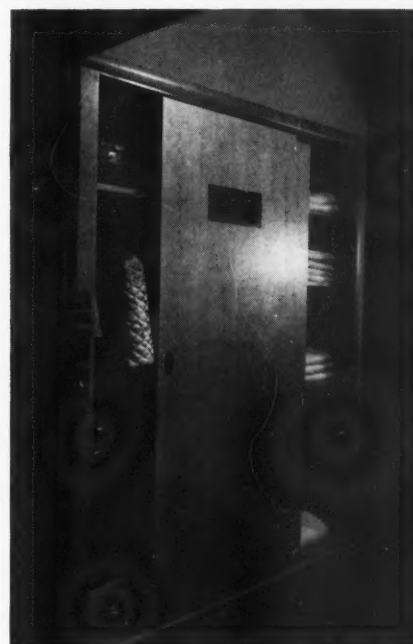
Director, Strong Memorial Hospital, Rochester, N. Y.

In the belief that the majority of patients desire privacy at as low a cost as possible, approximately 80 per cent of the private rooms are of the small type, *i.e.* 8 by 15 feet. After some months of use, the opinion expressed by patients, nurses and doctors is unanimous that this small room is adequate in size, even when such apparatus as an oxygen tent or a fracture frame is used. The locker unit in each small room is of steel, built in to accommodate a lavatory and medicine cabinet.

**Right: Patients' waiting room adjacent to the suite of private offices for attending physicians located on the first floor of this wing. Below: Floor plan showing the layout of working spaces.**



**Left: Detail of the locker unit shown in photograph on opposite page. These built-in units are standard equipment for small private rooms. Right: Closet in medium priced rooms.**



Small private rooms (lavatory only).....	24
Private rooms (lavatory and toilet).....	5
Private rooms (lavatory, toilet and bath).....	<u>2</u>
Total patients per nursing station, utility room and kitchen.....	31
Total patient room, toilet and bath space (sq. ft.).....	4290
Total utility room, kitchen, nursing sta- tion and laboratory space (sq. ft.).....	1080
Total solarium, public toilet, flower room, storeroom space (sq. ft.).....	1050
Elevator and stairs (sq. ft.).....	233
Total corridor space (sq. ft.).....	1760

Total usable space per floor (sq. ft.)..8413





Above: Interior of nurses' station. Below: Revolving chart and x-ray rack that serves both the doctors' laboratory and the nurses' station.



## Constructional Details of New Wing at Strong Memorial

**GENERAL DATA:** Exterior, 223 by 41 feet. Welded steel frame set on concrete pile foundations. Brick exterior. Reinforced concrete and tile floors. Plastered gypsum block partitions. Steel door frames. Flush wood doors, blond finish. Seven inch projecting terrazzo base in corridors. Three inch projecting cement base in rooms. Corridors, 8 feet wide.

**FLOORING:** Asphalt tile flooring throughout, except in kitchens and utility rooms, where vitreous tile is used, and lobby where rubber tile is used.

**LIGHTING:** Recessed ceiling corridor lights and recessed wall night lights. Fluorescent lighting in kitchen and utility rooms. Indirect wall lighting in patients' rooms in addition to direct gooseneck demountable lights for bed and bedside table and recessed louvered reading light in ceiling. Simple bull's-eye night light in patients' rooms.

**TRANSPORTATION:** Floor kitchens served by dumb-waiters, one of which opens at floor level and accommodates food trucks. Fully automatic high speed elevator serving basement to sun pool on roof.

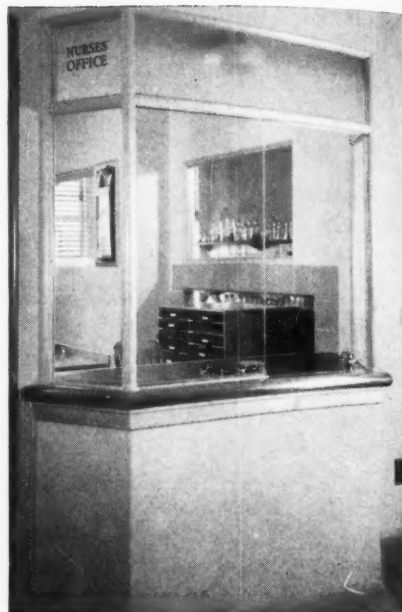
**CEILING:** Acoustically treated suspended ceilings throughout.

**WINDOWS:** Aluminum double-hung windows, fully screened. Casement windows in solariums.

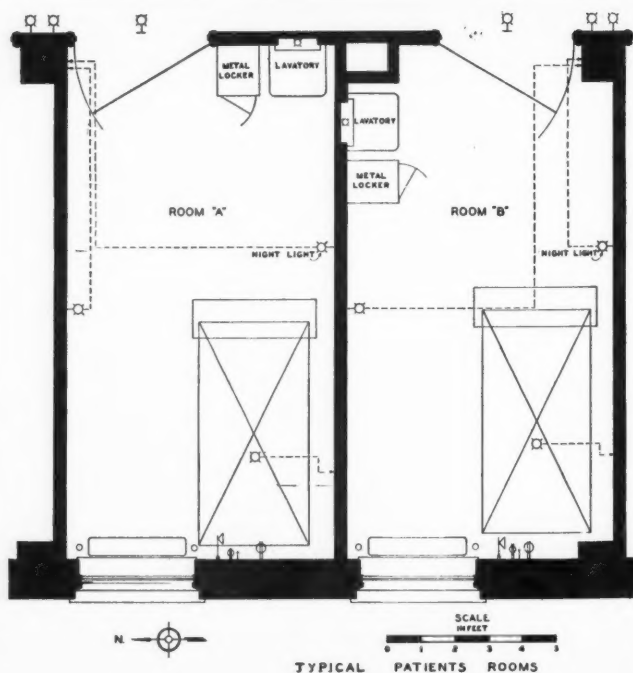
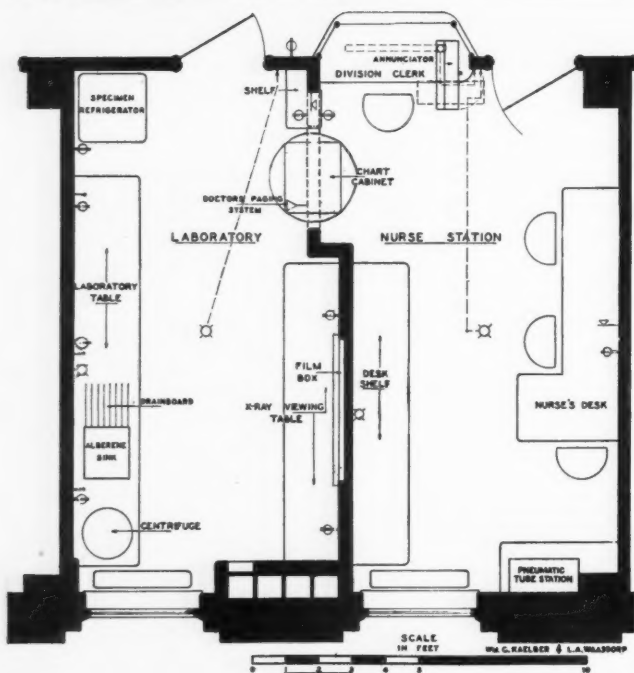
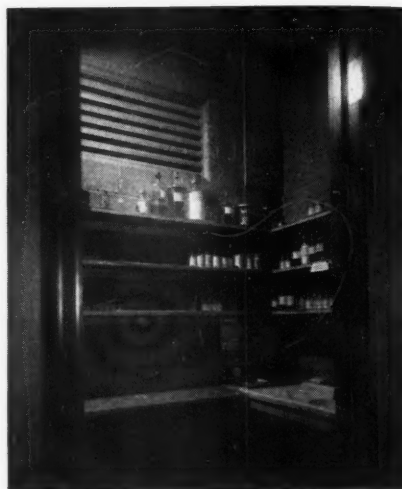
**WALLS:** Full height glazed block walls in kitchen and utility rooms. Light colored salt glaze block in stairwell. Light colored walnut walls in lobby.

**AIR CONDITIONING AND VENTILATION:** Seven rooms on each floor supplied by central air conditioning and electrostatic dust and pollen eliminator unit. Central vacuum cleaning system. Pneumatic tube communicating system.

**NEW CONSTRUCTION COST** (exclusive of hospital equipment): Total volume, 863,-100 cu. ft.; cost per cubic foot, 59½ cents.



Above: Exterior of nurses' station looking toward doctors' laboratory. Below: Medicine closet off the main corridor opposite nurses' station.



# Ten Attributes of a Good Administrator

FROM time to time senior hospital executives receive from a colleague in the field a letter that contains, in effect, the following statement: "Things have become unbearable here so that I must now seek another post. Can you help me?"

Here is a situation that unfortunately arises too often. It bodes ill to both the institution and its executive when changes are too frequent. There are so many causes that bring about the development of circumstances resulting in a change in the directing head of the hospital that a Clinic for the Prevention of Administrative Casualties would seem justified.

Hospital administrators may lose their positions because of a great variety of factors. Remedies, moreover, cannot be learned by attending hospital conventions and national or local conferences, nor can the executive always find in the perusal of current literature an answer to his own personal problems. If this were not the case the turnover in hospital executive posts in a five year period in some states would not approach 80 per cent.

Unfairness, intrigue, selfishness and rank mental cruelty are sometimes exhibited by board members toward their executive. It is equally true that inefficiency, slothfulness, intemperance, insubordination and mental dishonesty are sometimes displayed by the administrator. But such instances represent by far the exception to the rule that hospital board members are high grade, conscientious and fair and that the great majority of institutional executives possess traits directly opposite to those enumerated.

Most of the serious differences between hospital trustees and their executive arise as a result of personality clashes. It would seem justifiable, therefore, to set down a decalog for hospital executives. This may be considered as the least to be expected if success is to crown his or her efforts.

1. A faulty personality is a hindrance to success. Personality is a difficult word to define. A positive force that its owner exerts unconsciously, it may attract or repel. This

abstract quality may be affected by physique, by state of health, by facial expression, by voice or even by the immaculateness of linen or the condition or cut of one's clothing.

A contagious smile will cover a myriad of defects. A good personality makes vital and pleasing the mental atmosphere of the conference room and encompasses and affects the thinking and speaking of even the most belligerent complainer. Someone has facetiously remarked that the word "triumph" consists of 40 per cent "tri" and 60 per cent "umph."

2. It is difficult to succeed when one's preparation for the administrative profession is inadequate. No one possesses the correct answer to every administrative question, but authority cannot cloak a lack of knowledge. It is impossible long to delude the members of the hospital personnel, as a lack of ability and of knowledge to meet the problems at hand soon becomes evident. Even the degrees and diplomas displayed on executive office walls cannot long content the keen department head

in the face of evident personal inadequacies.

It is a hopeful sign that the American College of Hospital Administrators and the American Hospital Association are obviously awake to their responsibilities in providing educational advantages for those who would enter the field of hospital administration.

3. It is highly important for the administrator to possess a sense of relative values. He insists that all those who work with him shall possess a devotion to duty, an institutional conscience and a regard for tradition. These desiderata, nevertheless, cannot be possessed in their fullest sense by those who are poorly paid and inadequately housed. It is laudable for the worker to desire to advance, to have an adequate vacation and time for recreation. While the welfare of the patient is of the greatest importance, the rights of the doctor, the nurse, the orderly and all persons who are members of the hospital family must be considered. The proper evaluation of all these factors before disciplinary steps are taken is the sign of a careful and well-balanced administrative mind.

4. A good executive displays a judicial attitude toward problems presented to him. Here enters the question of that poorly understood term "discipline," which to some implies suspensions, discharges and lashings with harsh words, not a quiet, reasoning, orderly approach to a knotty personal problem. The efficient conduct of the day's work requires not only a knowledge of the procedures to be carried out but also the presence of a persisting influence that produces a routine and inherent desire to obey the regulations governing each individual's part therein.

Discipline must not be unreasoning, nor should it be vacillating, military or severe. The executive who has a reputation for being fair is the

•  
**Pleasing Personality**

**Adequate Preparation**

**Sense of Values**

**Fairness**

**Good Judgment**

**Tact**

**Leadership**

**Intellectual Honesty**

**Faith in Education**

**Graciousness**  
•



one who will require the least stringency in governing practices.

The judicial executive holds his tongue until all have spoken. He avoids sarcasm, slang, threats or the needless laceration of feelings. He never mistakes personalities for principles. He abhors such behavior as that exhibited by the haughty executive who inquired from a social worker how she could wear such costly apparel on the salary he paid her.

5. The possession in generous measure of that too uncommon trait, common sense, is highly necessary. He who possesses common sense, perhaps better called good judgment, weighs carefully advantages against disadvantages. In considering a new procedure he avoids decisions before thinking through the whole matter. He consults the president of the board of trustees before hastily discharging a department head only to be forced later to reconsider an action that was unwise or unjust. Such a policy is neither timid nor political. He avoids issuing orders impossible to carry out, such as requiring all visitors to wash their hands and wear masks when no facilities for carrying out this practice exist or directing doctors and nurses to sign pledges against the use of alcohol when a sane appeal to reason and right would more certainly attain the end

sought. Unfailing good judgment is a rare trait, indeed.

6. Possession of tact is essential to a good executive. A tactful person speaks or remains quiet at the right time. He knows the depths and the shallows of human psychology. He makes others feel that they are receiving credit for performing some laudable act in hospital work that he himself may have originated. He knows when to remain in the background and when to step to the fore. He never competes with the board of trustees for publicity. He possesses a personal and administrative humility that only serves to focus attention on his excellencies.

7 The good executive possesses the trait of "leadership." Leadership has been defined as the quality that makes others do one's will without fear of punishment or hope of reward. It is the ability to inspire acts of self-sacrifice on the part of others. This quality of leadership, when possessed by the hospital executive, extends to the members of the board as well as to those in lesser positions. Its influence reaches up as well as down. It subtly directs the thinking of those round about its possessor.

Sir William Osler once passed a note to a colleague in the library of a noted Philadelphia club; the note contained only a title of a book and

his colleague's name as the prospective author. From this slight incident came a standard treatise on diseases of the eye that went through many editions. In such manner the executive may stimulate an assistant to discover a better intravenous method or a surgeon to discover some improvement in a scientific instrument. This quality of leadership will certainly exert a positive influence for good on the welfare of the community in which its possessor labors.

8. A good executive possesses intellectual honesty. He deals fairly with salesmen. He never puts himself in the false position of seeking gifts or contributions from business houses. He takes no questionable shortcuts. He never originates unfair charges against an individual to obtain a resignation. Intellectual honesty has as its corollary intellectual bravery, which may even mean erasing oneself from an administrative picture if it seems to be in the best interest of the hospital.

9. An unswerving belief in the advantages of education is of prime importance to a good executive. Such a person is sure that ultimately science will prevail over disease, that nurses must be thoroughly taught and that physicians, because of long years of training, must receive the respect their position should command. The executive must be a firm supporter of the school for nurses and of educational programs for the community generally.

10. A good executive possesses in ample quantity the quality of graciousness. This is but another way of denominating traits that originate from good breeding and are manifested by all those social niceties so conspicuous when they are missing. Good manners, kindness, forethought for the welfare of others and the observance of the rules of ethics, all constitute graciousness. Thomas B. Aldrich spoke of one who was "gracious to all, to none subservient, without offense he spoke the word he meant."

Surely such an executive is to be found by the scores throughout the hospital field. Hospitals have progressed in efficiency because executives have increased in learning and in the possession of just such traits as those described.

## *The Administrator Is a Juggler*

SUCCESSFUL hospital administration rests upon a triad made up of program, personnel and finances. The real problem of the administrator is to keep these three factors in harmony.

The program of the hospital must be professional. The real criterion of the efficiency of any feeling institution must be the number of patients who recover. Therefore, the discharge rate is the real production index of the institution.

The best equipment and finest buildings are of no value without a sufficient number of properly qualified personnel. If the program is ambitious to the point at which there are not enough people to carry it out, it inevitably suffers.

The administrator must have real financial control—not a control that is based on monthly reports and balance sheets, but a daily control that shows income, bills payable and actual expenditure. He must have control over supplies, both distributed and undistributed, in order to conserve his financial resources to the point at which he can carry out his administrative program effectively.

The executive of a hospital is an administrative juggler who must keep three balls in the air at a time. Each of these balls must have an equal amount of his attention.—WILLIAM A. BRYAN, M.D., *superintendent, Norwich State Hospital, Norwich, Conn.*



# Medical Library Goes Cooperative

MARION KAPPES

Librarian, Joseph Brennemann Library, Children's Memorial Hospital, Chicago

CAN the small hospital support a medical library? A reference service that is a vital force integrating the work within its wards with authentic and up-to-the-minute medical information bearing on its problems? A unifying force coordinating activities so that clinical work, records and research achieve coherence?

Even the smallest hospital manages to have a basic book collection and current periodicals. It is not the mere fact of cataloged books on hand that constitutes a library, however. It is the use made of them and the coordinating services of a trained librarian.

The librarian alive to specific medical needs soon finds that her work in the hospital library is not that of collecting, lending and borrowing books; rather, it is to know which books are most useful in procedure problems and which are indexed in sufficiently detailed fashion for immediate reference. Telephone calls for reference are an important part of her service. She builds cumulative reference files on topics pertinent to the specific work of the men she serves. Clipped items, reprints, special folders on tests and technics, full topical notes on journals on the shelves, classified and up-to-date bibliographies, these are precision tools filling the need for instant library reference.

The urgency of the need for efficient reference service, in small hospital or large, becomes apparent when questions arise in the management of specific cases: the treatment of fluoride poisoning, a particular method of strapping club feet, the significance of the Sulkowitch test; or when information is called for by other hospital departments: the technic of making facial masks or models, an evaluation of ultraviolet sterilization in operating rooms, methods of filing and classifying photographs, standards for safe and hygienic lighting.

Questions such as these call for a specialized library service of a type that is developed in hospitals only as a planned procedure. Organization of library routines must be in accord with hospital activities if the library is to function significantly.

Once made available, such service is soon considered indispensable. At Children's Memorial Hospital, Chicago, library expansion and utilization

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**The call for a united front on the part of hospitals in each community and the challenge to the libraries of America to become "arsenals of defense information" emphasize the timeliness of plans like this for coordinated action**

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tion have resulted in an organization of resources that is adequate, practical and flexible enough to allow for any necessary variations to fit a given institution's needs.

Through this development has evolved a plan for cooperative library service designed to give to independent hospitals library facilities of a coverage and efficiency usually thought open only to the largest medical centers. Through joint operation three or more member hospitals of a cooperative unit may build up their own special collections of books and journals as their work and status may demand, with one trained librarian, from a single reference center, serving all member hospitals alike with indexes for current journals, files of reprints, references, answers to questions and bibliographic work, borrowing essential materials from outside libraries and

circulating the loan collections of the cooperating libraries.

Extension of the library plan developed at Children's Memorial Hospital to a smaller hospital of the community has demonstrated the practicability of operating medical libraries in different hospitals under a single supervising librarian. Library resources within the small hospital are limited to minimum essentials.

A plan for the joint operation of hospital medical libraries contemplates that:

Three or more hospitals in a community agree to cooperate in operating their libraries.

Each hospital maintains its own library, with a basic collection of books and journals.

Each library has a supplementary collection available for loan to the other cooperating hospitals.

The emphasis is put on providing essential and up-to-the-minute information on medical subjects, not on collecting, lending and borrowing books.

Telephone service is an important feature of the plan.

One library acts as reference center, with union catalog, reference files, reprint collections, information service.

Provision is made for messenger service among the cooperating libraries and to larger libraries offering interlibrary loan service.

The cooperative library organization finds its basis in seven features:

1. One librarian directs the service for all the cooperating hospitals, dividing her time among the libraries as expedient.

2. The individual libraries, at the option of the hospitals concerned, will have such attendants as can be supplied by volunteers, student helpers or part-time or full-time assistants.

3. The central staff is increased to include assistants, clerical help, messengers or pages as the number of cooperating hospitals or the growth of the plan makes more help necessary.

4. The function of the librarian

in relation to the individual library is worked out to fit each case, that is, according to the needs of the particular institution and the status of the library.

5. A library committee is appointed for each hospital; the chair-

men of these committees form a central committee or governing board to act on matters pertaining to the cooperative service.

6. Maximal use is made of existing facilities, such as volunteer help and other libraries, including those

of the American Medical Association, the American College of Surgeons, the American Hospital Association and the Surgeon General, as well as clinic, county and medical school libraries.

7. A "Friends of the Libraries" group is a distinct asset to the plan.

The advantage of such a plan is that each hospital participates according to its size and status and the cost is apportioned according to number of beds and size of staff. All member hospitals have equal service privileges. Such service includes indexing of current journals, collecting and filing reprints, looking up references and answers to questions.

The total cost for the Cooperative Service Plan would include the salary of the librarian and of her assistants if needed; expenses of typing and filing reference material at reference center and incidental expenses for postage, telephone, messenger, and a fund for maintaining a small circulating collection of books and journals not owned otherwise by any of the cooperating libraries.

Support for the service plan may come from hospital appropriation, special fund, contributions or assessments of staff or endowments and gifts. The scheme provides for efficient use of volunteer help and for enlisting hospital aid through "Friends of the Medical Library" groups. By cooperation each member hospital could receive the last degree of service and distribute the costs; the plan would be, in fact, a standardization effort, consisting of continuing improvement of medical library resources.

Effective functioning of a hospital medical library requires a marshaling of material for quick and purposeful use. It requires trained services with emphasis on facts rather than books. The medical library is valuable and popular not in proportion to the number of books and periodicals it contains but according to the reference service it offers. Minimum reference library standards have been formulated; they need not fail of adoption because of the limitation of budgets well known in nonprofit institutions. Demonstrated needs and achieved results present an objective argument for a widespread movement of this type within the hospital field.

## Memorandum:

### To the Admissions Department

ADA COLLEY

Chief Credit and Admissions Clerk

Graduate Hospital of the University of Pennsylvania, Philadelphia

I WISH I could have a heart to heart talk with each one of you. It would be so much more satisfactory to talk things over and straighten out the knots in our problems. This epistle is next best, so here goes.

First of all, I want to talk to you about the admissions desks, both ward and private. You know that the desks (especially the private desk) are the face of the hospital. The desk is what the patient sees first and his impression of the hospital is then established. By the desk, I mean not a piece of furniture, but *you*—whoever you are behind the desk or counter.

You must remember that a patient comes to the hospital because his health is to be repaired. Therefore, we must show sympathy and thought for his care. He may be in a nasty temper. Ignore that and be patient and pleasant. I do not mean that you should have a silly grin or smirk as a greeting, but a smiling "May I help you?" or "Good Day" greeting will help to soften any old fusspot.

If a patient is pretty sick or complaining, it is a good idea to send him to his room and have his nearest relative come down to make the admission arrangements later. Cater to the patients. They are sick and deserve every attention; and, anyway, they are paying for it—I hope!

In bending to their every whim, we must not forget that all rules must be followed. The first, and an important one, is to collect a week's

board in advance and explain that the bill for auxiliaries will be rendered at the end of the week. Please try to explain all charges as fully as possible. You all know what the procedure is, so I need not elucidate.

Now let us see if we can't carry this attitude of friendliness and helpfulness further. I know some of the personnel in other departments have not been cooperative. However, I do not want any of my people fussing. Whenever a request is made from this department to another and such request is not civilly received, please call me. Don't show temper or act discourteously at any time. This applies also to any unpleasantness that may arise from disgruntled patients or visitors.

Now about visitors, treat them humanely but firmly. Explain visiting hours and rules. Tell them you are very sorry that you cannot help them (break rules). Be willing to find out a patient's condition, relay messages and show that you are really helpful. Even use a bit of "soft soap."

Have pride in your department. Keep things neat and clean. (Your typewriter, too.)

I know the work is getting heavier, so we must all pitch in and do our share. We cannot let one or two carry the extra burden.

Being an admissions clerk is not just admitting patients. It is taking care of other details, too. Doing these little details right keeps complaints away from our door.

So how about it? Let's tighten our belts and set to. Are you with me?

# What Is Your Opinion?

LAST June a series of questions on current problems was mailed to honorary fellows, fellows and members of the American College of Hospital Administrators, a total of 744. Replies received numbered 420. Associate members were not included in the mailing because it was felt that the poll should reflect the opinion of more experienced administrators of hospitals. The

small number of hospitals represented with bed capacities of 49 or less is attributable to the recently amended requirement of the constitution that no member or fellow of the college may be administrator of this sized hospital at the time action is taken on his application for membership.

The result of the questionnaire is tabulated below.

## A.C.H.A. POLL OF CURRENT ISSUES

Questions Asked	Number of Beds															
	Totals		49 or Less		50-99		100-199		200-299		300-499		500+		Special— No Hosp.*	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Are you in favor of bringing all hospital employees under the provisions of the Social Security Act?.....	256	52	1	2	42	7	91	19	49	15	34	8	33	1	6	—
Old age benefits only?.....	227	36	2	1	27	7	79	11	50	11	41	4	24	1	4	1
Unemployment compensation only?.....	23	132	—	1	6	13	5	45	7	30	3	27	—	14	2	2
Old age benefits and unemployment compensation?.....	133	102	3	1	18	12	46	34	26	24	15	19	19	11	6	1
2. In your opinion has the tendency to hospitalize patients who can safely be cared for at home been a vital factor in the improvement of public health?.....	295	82	5	—	44	12	104	29	59	17	45	13	34	9	4	2
Does the hospitalization of normal obstetric cases tend to reduce maternal mortality?.....	369	26	5	—	49	3	128	10	75	8	58	3	46	2	8	—
3. Do you believe that inclusive rate plans would be of advantage to (a) the patient.....	302	69	4	—	43	10	103	33	56	17	49	7	40	2	7	—
(b) the attending physician.....	301	60	3	—	43	6	95	31	63	14	44	8	35	1	7	—
(c) the hospital.....	290	60	3	1	32	18	70	56	44	28	39	12	33	6	5	2
(d) philanthropy in its relation to the voluntary hospital?.....	142	132	2	—	22	18	39	59	29	28	26	17	21	8	3	2
4. Do you anticipate that the Selective Service Act as now operating will seriously affect standards of service in your institution?.....	216	122	2	3	22	24	72	46	46	21	37	13	32	14	5	1
Will the change in your standards be influenced more by (a) loss of facilities through conversion to military needs.....	81	90	1	1	8	22	28	63	26	30	10	32	6	17	2	—
(b) inability to obtain adequate equipment and supplies (including food supplies).....	183	90	1	1	26	12	65	33	43	21	27	12	18	11	3	—
(c) loss of qualified professional and non-professional personnel?.....	344	30	3	—	45	7	125	10	79	2	53	6	33	5	6	—
Have you a plan for meeting civilian needs in case you are handicapped by prior needs of defense?.....	175	188	1	4	23	27	58	65	46	28	22	31	24	13	1	2

\*Not connected with a hospital at the time the poll was taken.

## Data on Hospitals Represented in Answers to Poll

	Total	Number of Beds						Special— No Hosp.
		49 or Less	50-99	100-199	200-299	300-499	500+	
Membership Status in A.C.H.A.								
Fellow.....	213	1	12	67	50	44	36	3
Member.....	207	5	49	80	38	19	12	4
Type of Hospital Control								
Voluntary nonprofit.....	341	5	54	132	76	50	24	—
Proprietary.....	10	—	2	5	3	—	—	—
Governmental.....	62	1	5	10	9	13	24	—
Type of Hospital								
General.....	378	4	51	138	79	63	43	—
Special.....	35	2	10	9	9	—	5	—



**S**EVENTEEN improvements in facilities for treating tuberculous patients have been incorporated in the new building of the Winfield Tuberculosis Sanatorium, a nonsectarian charitable institution located at Winfield, Ill. The sanatorium is supported by the Jewish Charities of Chicago and serves the Chicago area. The new structure replaces outmoded buildings that were erected more than thirty years ago.

One of the distinctive advancements is the complete and permanent elimination of multiple bed wards. Because of the prolonged period of care involved in most cases and the necessity of providing "tailor-made" treatment for individual patients, no bedroom in the new structure accommodates more than two.

Unusual provisions have been made for full expression of color in decorating the building. One group of double bedrooms is painted in a sunny lemon yellow with the entire furnishings in a natural wood finish. A group of single rooms has lightly pigmented gray walls with furnishings in yellow. Another group displays yellow walls with soft blue furnishings. Still another is in a cool, lush green with furnishings in gray.

Tennessee pink marbled rubber tile floors have been installed throughout. Every object in the room harmonizes with the general color scheme, including the steel furniture, the draperies, slip covers and washable throw rugs.

Thanks to a cold deep well, the new sanatorium building is air con-

# Winfield Sanatorium

**ALFRED S. ALSCHULER**

Architect, Chicago

**MAX BIESENTHAL, M.D.**

Medical Director, Winfield Tuberculosis Sanatorium, Winfield, Ill.

ditioned throughout. An especially designed ventilating system forces fresh air through water cooled radiating fins and provides an inexpensive, yet adequate year-round thermostatically controlled conditioning.

In addition to having in and out vents in every patient's room, the ducts go to every nook and corner in the sanatorium, including the corridors, operating room, kitchens, laundry, recreation rooms, laboratories and even the workrooms. To assure fresh water, whether or not taps or other outlets are in use, a

pumping device keeps the water moving constantly in all pipes throughout the building.

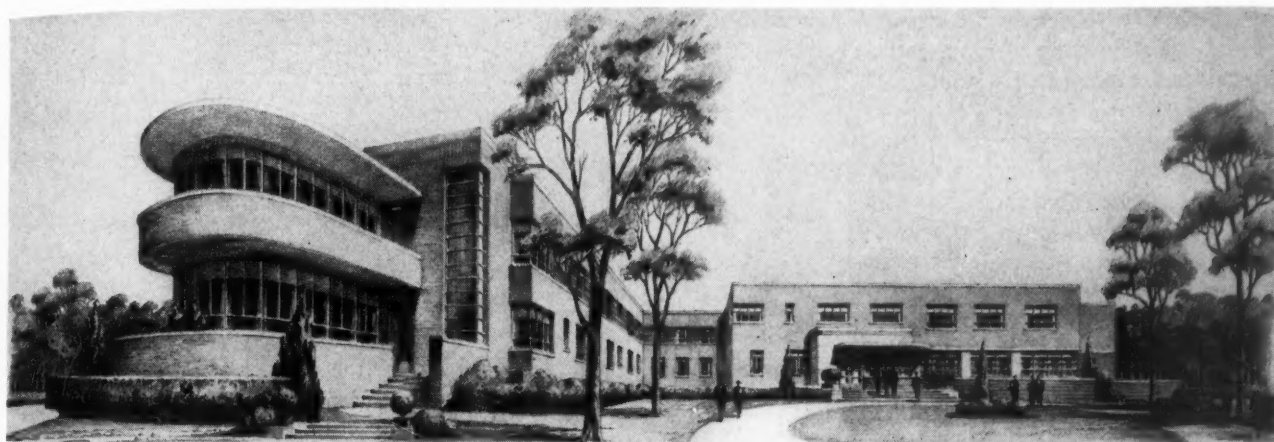
During daylight hours, the rooms are lighted by large metal casement windows, equipped with three adjustable panes operated by cranks to provide full control over outside air. Extra wide, ball-bearing hinged doors allow patients to be moved to the solariums or elsewhere in the building without removal from bed. All but a few rooms have adjoining baths. Those without baths are for completely ambulatory patients.



Photographs, Kaufmann & Fabry

Above: Patients enjoy the comfortable library. Left: All bedrooms can accommodate two beds, if necessary. The sanatorium is oriented to allow each room a certain amount of sunlight every day of the year. Large sized windows provide controlled natural ventilation and are built low to eliminate glare.

## Where Psychology Helps Fight the "Great White Plague"



Another unusual feature is the installation of indirect lighting in all patients' rooms. Using a white ceiling for diffusion, floor lamps provide adequate foot-candle power, regardless of where the beds are placed or to what elevation the mattresses are adjusted. A second bulb focuses downward for reading.

At least four outlets are provided in each room to permit the use of such electrical equipment as heating pads, curling irons, electric razors and special therapeutic machinery. For amusement and education, each room is equipped with a four channel centrally controlled radio outlet. Provision has been made to allow transmission of special recordings from the central office.

A complete dental office, in charge of a staff dentist, is included with the customary medical specialties, inasmuch as most tuberculosis cases require prolonged care and because the oral cavity so frequently is the focus of systemic infection. Patients entering the institution receive, along with their medical "going over," a complete dental examination, with x-ray plates if indicated.

For maximum efficiency and for the psychological advantages it possesses, the medical facilities of the sanatorium are grouped in an integrated unit completely separated from the rest of the institution. The one entrance opens into a waiting room illuminated by a capacious skylight. Radiating from this center are the dressing rooms and every department serving the medical and surgical needs of the patient, whether he needs an x-ray examination, den-

tal care, laboratory service, eye, ear, nose and throat treatment, therapeutic application or any of the other specialties.

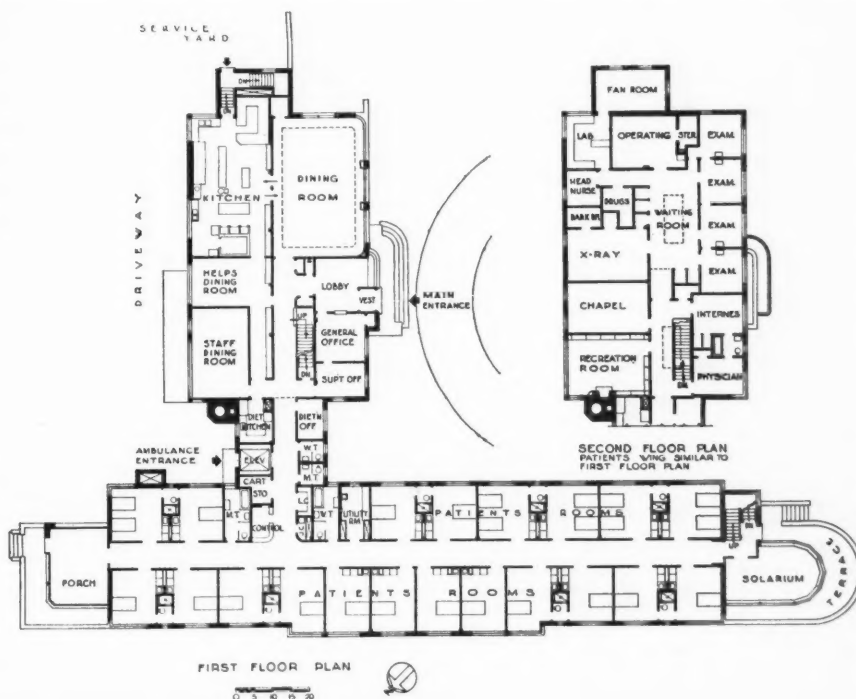
For economy's sake, a research department is quartered with and uses the facilities of the laboratory. Even the operating room, with its pleasant blue and gray tile walls, is incorporated with the rest of the hospital's treatment and examination facilities in the unit.

Paint is used for wall surfacing because it may be disinfected with soap and water and because each new coat applied from time to time completely sterilizes the old wall surface.

Ambulatory patients still too weak to climb stairs use an automatic-

leveling hydraulic elevator, which also has a road level entrance so that new arrivals may be taken directly from the ambulance into the lift. The hydraulic elevator was selected by the architect because of its safety and economy and also because it eliminates the expense of a penthouse for electrical hoisting machinery.

The large kitchen is designed and equipped by a manufacturer specializing in institutional installations and affords the staff an opportunity to use every modern, time-saving device in preparing the meals. The kitchen is completely tiled and all surfaces that come in contact with food are of stainless steel. Mechanical potato and vegetable peelers, heavy duty mixing machines and





automatic dishwashing equipment are used.

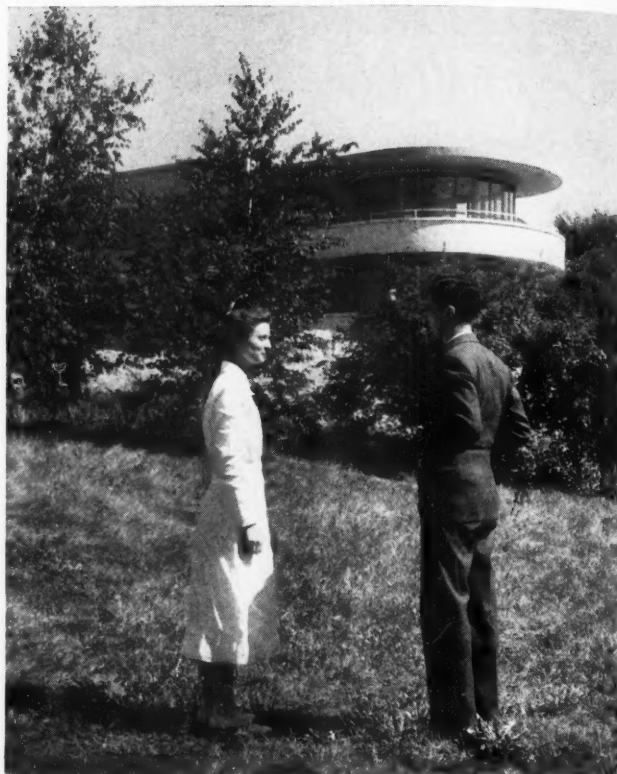
The dining room for ambulatory patients is large and cheerful, surrounded on two sides by huge glass windows overlooking the grounds. No table seats more than four.

Electrically warmed food carts are used to transport food from the kitchen to the bed patients. A special diet kitchen adjoins the regular one and another small kitchen is used exclusively for the staff dining room.

To make life as pleasant as possible for the patients, two solariums, almost completely walled with casement windows and equipped with colorful furniture, permit patients to relax with full view of the rolling countryside. Outside the solariums are promenade decks.

A well-equipped library with books stacked on streamlined oak shelves boasts a woodburning fire-

**Right: Exterior view showing solariums. Center: Winfield's modern surgery is individually air conditioned. Bottom: The nurses' station is located to give complete visual control of patients' rooms.**



place. A huge recreation room equipped with motion picture apparatus and other facilities for group entertainment, such as a public address system and a wide variety of indoor games, takes up half of the basement of the entire building.

Women employes are housed in a separate new building. In addition to ample sized, cheerful bedrooms, they enjoy a sun porch, a recreation room and a completely equipped kitchen for late snacks and quick breakfasts. A tunnel to the hospital enables them to walk from one building to another without going outdoors in inclement weather. Winfield has found that a happy attitude among employes is infectious among patients.

In the opinion of Dr. Max Biesenthal, Winfield's medical director for more than two decades, the new building represents not only the latest in architectural and structural design but also the result of many years of useful knowledge acquired in helping approximately 4800 victims along the road to health.

In addition to the medical and psychological facilities at the sanatorium and the Winfield Tuberculosis Service Clinic at Michael Reese Hospital in Chicago, Winfield maintains a complete occupational therapy department, a craft shop and a social service department.



# Stabilize Nursing Service

## Through Accurate Personnel Records

CHARLOTTE C. DOWLER, R.N.

Director of Nurses, St. Luke's Hospital, Spokane, Wash.

ONE of the most important factors to be considered in the selection of personnel is the human element and its variances. One employer says, "If I could find a way of choosing and hiring employees who are half as good, relatively, as the machines I buy, my success would be enormous."

Many experienced personnel managers have the rare gift of analyzing and selecting employees on a basis of good personal judgment, but if their accomplishments are to be of value to the entire organization, their impressions and the information they obtain in regard to each worker should be recorded and filed. A good memory is a poor substitute for an adequate record system.

### Selecting the Staff Nurse

In selecting a graduate nurse for a staff position in the hospital, two features are distinctive. In the first place, the director of nursing service is thoroughly familiar with the detailed requirements of the positions on her staff. Secondly, because of the uniformity of basic training that each graduate nurse has received, her selection for the position of staff nurse differs considerably from the selection of other workers in the hospital. However, if the applicant is accepted only on the value of her basic training, her adjustment and placement on the staff become a matter of trial and error until she is appointed to the department for which she has the most preparation or in which she finds the greatest interest.

The staff nurse is important to the hospital organization; she must carry serious responsibilities in dealing with patients' lives; she must cooperate fully and willingly with other members of the nursing staff and with the medical staff. To the relatives and friends of the sick, she represents the hospital policies and she acts as a representative of the hospital in community relationships.

For these reasons, the records employed in the nursing department

should furnish information regarding the general education, professional advancement, social interests and cultural training of the applicant.

As a means of ascertaining the quantity and quality of nursing service rendered for the large expenditure of salaries made by the hospital, service and performance records become a valuable source of information. In the course of investigation conducted for this study, records of continuous service for the staff nurse were found to be almost entirely lacking. Only information needed for time book and pay roll control was available. There were no consistent records of service changes from department to department or of the types of service performance rendered by the individual.

The failure to provide service records is not always a matter of neglect or carelessness; in many instances it may be attributed to the fact that the staff nurses are often recruited from the graduates of the particular hospital in which they have spent their student years. For this reason, their abilities and personal qualifications are known to the management of that institution and much information regarding these nurses is available in the student files.

With the present increasing demand for staff nurses, most hospitals now find it necessary to employ graduates from various schools and localities, and the need of records, both of service and of performance, becomes imperative.

Without written reports on which to base service ratings and the evaluation of performance, judgment of the worker must be obtained by verbal reports from the department heads. Such reports can be of temporary use only and are more likely to be biased by personal likes and dislikes than is written evidence. Verbal reports also deprive the di-

rector of an opportunity for accurate comparison of the worker's efficiency in various departments or of using the records as a means of study in personnel management.

### Service Records Are Vital

Service and performance records also serve as an accurate means of determining the effectiveness of the method of selection and placement of the employee. If no follow-up report is kept of the work of the employee in service, there is no basis for judgment as to the effectiveness of the program of selection and placement. Unless the employee is so inefficient or maladjusted as to cause serious disruption in the department or actually to leave the service, his shortcomings will probably receive little attention. In such cases, the inefficient, unhappy worker may be a source of discouragement to the department for some time, whereas if the condition were measured by an accurate evaluation of service and adjustment and brought to the attention of the management, constructive assistance might be given in the form of in-service training or readjustment in another department. On the other hand, the unusually capable employee may be taken for granted and receive no recognition of his capabilities.

A sound basis for the promotion and transfer of workers within the organization is as important as proper selection. There can be only a limited number of employees in each group who are content to remain on a given job indefinitely without the prospect of future advancement. Without the stimulation of new interests and the satisfaction received from the recognition of work well done, even the best employee will relapse into routine performance. The failure of management to provide a recognized pro-

# APPLICATION BLANK

FOR GRADUATE STAFF NURSE

Name (in full) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Permanent address \_\_\_\_\_

Are you:      single      married      widow      divorced      separated

Date of birth \_\_\_\_\_ Place \_\_\_\_\_

Year      Month      Day

Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

**SCHOOL OF NURSING** from which you graduated:

Name \_\_\_\_\_ Date of graduation \_\_\_\_\_

Location \_\_\_\_\_ No. of beds \_\_\_\_\_

Type of hospital: \_\_\_\_\_ Special \_\_\_\_\_ General \_\_\_\_\_ Public \_\_\_\_\_

Did your student experience include:

Communicable disease \_\_\_\_\_ Pediatrics \_\_\_\_\_ Public Health \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

Positions held	Hospital	Location	Dates

**PREFERENCE IN SERVICE**

Position desired: \_\_\_\_\_ Full time      Part time      Temporary

When available for duty \_\_\_\_\_

**PROFESSIONAL AFFILIATIONS**

Are you a member of the American Nurses Association? \_\_\_\_\_

Are you a member of the local district association? \_\_\_\_\_

The Red Cross Nursing Service? \_\_\_\_\_

In which states are you registered? \_\_\_\_\_

\_\_\_\_\_

Dates \_\_\_\_\_

**Space for additional data and references is allowed on the reverse side of this staff nurse application form.**

# PERSONAL INTERVIEW

FOR GRADUATE STAFF NURSE

Date \_\_\_\_\_

**APPLICANT'S APPROACH**

Possesses poise \_\_\_\_\_

Obviously nervous \_\_\_\_\_

Manner of speech \_\_\_\_\_

Grammatical proficiency \_\_\_\_\_

**PERSONAL APPEARANCE**

General impression \_\_\_\_\_

Grooming \_\_\_\_\_

Use of cosmetics \_\_\_\_\_

Posture and gait \_\_\_\_\_

**INTELLECTUAL RESPONSE**

Reaction to questions \_\_\_\_\_

Value of questions asked by the applicant \_\_\_\_\_

Does conversation show breadth of interest? \_\_\_\_\_

**PROFESSIONAL INTERESTS**

Knowledge of professional problems \_\_\_\_\_

Interest in local professional activities \_\_\_\_\_

Interest in her own professional growth \_\_\_\_\_

Is she concerned with the professional standing of this hospital? \_\_\_\_\_

**SOCIAL INTERESTS**

Use of leisure time \_\_\_\_\_

Do social interests contribute to physical and mental welfare? \_\_\_\_\_

Is she well adjusted to her social responsibilities? \_\_\_\_\_

\_\_\_\_\_  
Signature of interviewer

This practical record of the personal interview is an efficient substitute for haphazard, illegible notes.

gram for the transfer and promotion of personnel results not only in the discouragement of the capable individual but also in actual loss to the organization of employees who might prove valuable.

As a foundation on which to build a satisfactory basis for the transfer, promotion or discharge of employees, the personnel manager should have available a full record of the individual work performance and progress of his employees. Without such evidence the program of advancement becomes a matter of personal opinion, favoritism or seniority. These methods are quickly recognized by the employees as unsound and the morale of the working group falls. Advancement in an organization by reason of seniority is of value only if the promotion or transfer is based on recognition of ability as well as tenure of service.

As a means of providing management with the facts on which to base the transfer, promotion or discharge of employees, the work of the individual should be carefully evaluated and recorded. Here again, records serve as the tools.

One of the principal aims of good personnel management is the maintenance of a stable work force. A heavy labor turnover is a matter of great expense and dissatisfaction to the organization. There are, however, many factors in each organization that should be carefully considered in reckoning the significance of the labor turnover. The mere statement of the percentage of change does not portray a clear picture. A study of the facts in each case must be made and the findings carefully analyzed. For this purpose, the personnel records serve as the best source of information.

While making investigations in the course of this study, I collected information that placed the rate of turnover of the graduate nurse staff in hospitals at a percentage ranging from 15 to 100 in a year. What are the underlying causes of such surprising changes in the work force? In view of the statement that industry recognizes a cost of from \$30 to \$100 in replacement cost each time a new employee is added to the staff, a careful study of the facts would be of great advantage.

The stabilization of the nursing service in the hospital is a matter of the utmost concern to all administrators. Many conditions outside the hospital, however, influence the stability of this group, as, for example, the demands of the war program. Also, married nurses who previously had proved to be dependable staff members have become a "floating" group, moving to various locations to join their soldier husbands or feeling free, when alone, to seek more lucrative positions.

All such activities are beyond the control of hospital management, yet they seriously affect the stability of the hospital nursing service. In the face of such trying conditions, it is more than ever essential to good management that the hospital make use of all means for the study of its personnel program in order to determine exactly the reasons for the high turnover percentage. Conditions outside the hospital are sometimes blamed for effecting changes that might well be credited to working conditions within the organization if the exact causes were determined by careful study.

# Successful Religious Program Without Race, Creed or Color

GEORGE J. RUSSELL, D.D.

Chaplain, Presbyterian Hospital, New York City

A HOSPITAL sponsored or conducted by a religious denomination has certain advantages over a nonsectarian one in the matter of its religious program. In the former institution, although members of many different faiths and creeds may be patients, they understand that the religious activities will be conducted in keeping with the tenets of the church concerned. In a nonsectarian hospital, however, promotion of a religious program presents a complex problem. Our program in Presbyterian Hospital (sectarian only in name) has some special features that have proved successful and have aroused considerable interest.

A half hour devotional service is held in the assembly room each Sunday afternoon at 3:30. This service consists of a few verses of Scripture, a four minute address, a short prayer and four or five musical numbers. The patients hear the service through special amplifiers placed in the main corridors outside the wards on each floor and it is broadcast to the Institute of Ophthalmology by means of the interior sound system.

## Better Programs Made Possible

This method of bringing the service to the patients is an improvement over the former practice of holding a brief service, largely musical, on each floor of the hospital. The outstanding advantage of the broadcasting method is found in the willingness of prominent musical organizations in the city to render programs for these services.

Under the old method, it was practically impossible to obtain desirable musical talent because it meant rendering two or three selections on some ten floors of the hospital. This was too much to ask of trained singers on a Sunday afternoon. The new method makes available the best musical talent in the

city; it is gratifying to note the willingness with which college glee clubs, church choirs and other musical organizations, as well as soloists, have volunteered their services for the programs.

Another advantage of this method is the possibility of using transcribed records in the broadcasts. A large assortment of hymns, anthems and solos, together with selections from the famous oratorios, thus are made available for our programs. This rich source of material solves the difficult problem of providing music for the services during summer months.

The broadcasting setup permits us to tune in on the programs of the regular broadcasting stations and to relay them to the patients whenever desired. However, this feature of the system is used only on rare occasions and never in connection with the Sunday services.

In addition to the regular Sunday afternoon broadcasts, special services with appropriate musical programs are held on Good Friday, Thanksgiving Day and Christmas (when Christmas falls on a week day). At these services, transcribed records are used to provide programs that are truly inspiring in character. The Good Friday program this year consisted of selections from the famous oratorios, "The Messiah" and "The Crucifixion."

A question may arise as to the possible harmful effect a broadcast might have upon a patient critically ill and in need of absolute quiet. This contingency is provided for by the flexibility of the broadcasting mechanism. Each amplifier is independent of the others and is provided with a switch that can be turned off at will. Therefore, a single ward or a whole floor can be eliminated whenever it is deemed necessary.

In the Sunday address, the fundamental spiritual values underlying all religions are emphasized. The service is designed to emphasize the spiritual background of life and to bring inspiration and help to patients of all creeds. Patients are unanimous in their appreciation of these weekly services.

Every Sunday morning a little folder, 9 by 4½ inches, entitled the *Weekly Messenger* is placed on the breakfast tray of each patient. This folder contains brief messages of hope and cheer from the works of well-known writers. Both poems and the prose selections are usually restricted to not more than 10 or 12 lines, as it has been proved by experience that short selections are more effective than long ones.

## Weekly Paper Is Popular

The first page is printed from a stock setup and carries the name of the publication, the names of the chaplains who serve as editors and a brief message concerning the services they are ready to render. The two inside pages are stencil duplicated. This makes a material reduction in the cost of printing inasmuch as an edition of 1200 copies is issued weekly. Great care is used in cutting the stencil, for which purpose a typewriter with elite type is used. It is of the utmost importance to have typing clear and legible; otherwise the patients will not take the trouble to read it. On special Sundays during the year, such as Easter and Mother's Day, the paper is issued with an ornamental cover appropriate to the particular occasion.

The *Weekly Messenger* is popular with the patients, many of whom send copies to friends in different parts of the country. Some patients keep a complete file of copies received while in the hospital.

Owing to the large demand for back numbers, we publish at the end of the year a booklet entitled "Gems From the *Weekly Messenger*." As the name implies, this booklet con-



tains carefully chosen selections from the weekly editions. Requests for these 16 page booklets have come in from almost every state and from a number of foreign countries. The secretary of the King's College Hospital in London requested that a number of "Gems" be sent to him and he was so impressed with the idea that he wrote an editorial about the booklet in the magazine of the London Hospital Association.

During the past year, there has been a notable increase in the interest taken in spiritual values by patients. The number of requests received by the chaplains for Bibles, for prayers and for administering Holy Communion far exceeds previous records.

The chaotic condition in the material world today has caused people to turn more and more to the things of the spirit. The need of sympathy and help does not operate along denominational lines. The chaplains' mission is to combat the forces that destroy a patient's morale and produce a depression of spirit far-reaching in effect upon his recovery.

The special features of the chaplains' work in the Presbyterian Hospital have proved successful in accomplishing our objectives. Our experience clearly proves that it is possible to have, in a nonsectarian hospital, a religious program that will interest and help men and women of divergent beliefs.

Visiting Nurses' Association and the county nurses. The patient purchases his own medicine.

Hospitalization must be arranged for in county hospitals in all counties where they exist. Private hospitals are used only in counties that do not have county hospitals. Therefore, King County Hospital must admit any senior citizen grant recipient who comes with a request for hospitalization from a private physician under whom he has been receiving treatment.

For the patient, this means three changes in treatment. He is under one doctor before admission to the hospital, is under hospital regimen and the staff doctor while hospitalized and is referred back to private care upon discharge. In certain types of cases this is inadvisable, in regard both to continuity of care and to the responsibility of the staff physician.

In orthopedic or surgical cases, physicians prefer to complete the treatment themselves, even if the patient can be discharged from the hospital, rather than refer the case to a doctor who may not agree upon the procedure or the type of care being given. On the other hand, a physician taking the case over following discharge may not wish to assume the responsibility for a patient who leaves the hospital in a cast or for the patient who has not completely recovered from a surgical operation. This, in effect, may lengthen the stay of the patient in the hospital and, therefore, increase the number of patient days.

Visits to the out-patient clinics have been consistently less each month since the medical program became effective. There are other factors that influence this figure, but the referral to private care since April 21, 1941, of 1494 senior citizen grant patients, who averaged at least one visit to clinic per month (many patients averaging more than one visit), has affected the attendance considerably.

The average daily clinic attendance during August 1941 as compared with that of August 1940 shows a decrease of 173. During the first eight months of 1940 there were 5213 social service admissions to the out-patient department, while in the first eight months of 1941 there were 4050, a decrease of 1163.

## *In-Patient Rate Increases*

### *Under State Medical Program*

**K. H. VAN NORMAN, M.D.**

General Superintendent, King County Hospital System, Seattle

UNDER the ruling of Initiative No. 141, passed by the voters of the state of Washington, provision was made, among other things, that for persons receiving old age assistance "the department of social security should provide medical, dental, surgical, optical, hospital and nursing care by doctors of the recipient's own choosing." Further provision was made for "artificial limbs, glasses, teeth and other needed appliances."

The medical program became effective April 21, 1941. Since it has been in operation so short a time, it would be difficult to give definite statistics in support of the plan or in condemnation of it.

The program and the plans for handling it have required considerable interpretation through the state's attorney general and the administrator of the state department of social security. However, as the plan develops, it is more widely understood and an increasing number of doctors are availing themselves of the opportunity to hospitalize these patients.

The plan as it has worked out to date allows for medical care for the

recipient of a senior citizen's grant, through private physicians, paid by the state through a state medical-dental board with medical service bureaus in each county. The patient may choose a general practitioner, a specialist and a dentist. He may call at the doctor's office or have the doc-

**Growth in Patients  
With Senior Citizen Grants**

Month	Total In-Patients	Patients Under S. C. G.	Percentage
1940			
May.....	1143	118	10.3
June.....	1084	113	10.4
July.....	1130	119	10.5
1941			
May.....	1126	147	13.1
June.....	1100	156	14.2
July.....	1107	168	15.3

The percentage of S.C.G. admissions during the first four months of 1942 are as follows: January, 19 per cent; February, 24 per cent; March, 19 per cent, and April 21.5 per cent. These relatively high percentages might be explained by considering that during the winter and early spring months illness is more prevalent among older persons.

tor come to his home. The doctor may obtain laboratory tests, x-ray examinations, special therapy and special appliances for the patient. Nursing services are provided for the patient in his home through the

# Constructive Play Hours

ALTA M. PRINE

Children's Country Home  
Westfield, N. J.

## for Handicapped Children

CONFRONTED with a group of healthy, happy children who are handicapped by not having the use of all their limbs, the need for normal activity is vital. The attitude that they can participate in normal activity must be fostered.

A well-planned recreational program uses activities as tools for reaching objectives in character building, personality development and skills. A well-thought out activity is constructive and has lasting value for the child. Combined with occupational therapy, it allows for normal physical and mental development.

The variety of cases at Children's Country Home in Westfield, N. J., calls for a program suited to their needs. There are two hungers to satisfy: individual activity and participation in collective group activity. Before presenting a planned program, the patient's preferences must be ascertained and his case history studied. In painting, sewing, leather work and weaving the child improves his skill as he progresses. Upon completion of an article, he enjoys the feeling of a task well done, a goal attained. At the same time, as a part of a whole, in some group activity he has a feeling of being needed, of participating collectively with his fellowmen.

The older girls have organized a Charm Circle "to acquaint themselves with, cultivate and practice all the traits that go into the making of a truly charming person." Outside speakers willingly come to talk to this group. There is a club pin, which must be earned to be worn by the honorary members. This emblem is officially given at a beautiful, yet simple, candlelight service. The club has sponsored many special events at the home, outstanding among which was a sale of occupational therapy products. The financial returns were of real psychotherapeutic value to each patient who had



The absorbed expression in this little girl's eyes is positive evidence that she is profiting from the educative process in which she is participating.

contributed articles. This sale aroused the townspeople's interest and thus afforded another form of public relations.

Boy scout and girl scout troops are active in the institution. The scout leaders encourage the boys and girls to pass their various tests in order to receive merit badges. The troops participate in many special activities. One month the girl scouts sponsored a special entry in the town flower show consisting of several flower arrangements and a large doll house surrounded by gardens. Taking part in this sort of activity, the children feel that everyday living is not far from their bedsides.

Music has intense therapeutic value in emotional growth, socialization, integration of personality and the excellent field of motor stimulation and exercise of muscles. It creates lighter, happier moods. A music hour is held each week when the older children enjoy works of the masters, operatic and symphonic; thus, exposed to good music, they learn appreciation and enjoyment. We have informal "group-sings" with solos and dramatizations to keep interest alive and to relieve the feeling of inferiority often present in the handicapped.

The preschool child enjoys circle activities with all the favorite nursery



rhymes and executes little dances learned by imitation. The number in this group ranges from five to ten. The routine and equipment of the nursery school are used to encourage the children's physical development and motor control. They have their hour of work at small individual tables, with essential educational toys, and periods when they draw, paint, study their books and scrapbooks. These procedures and routines are altered to meet the needs of the child, but ordinarily a certain amount of routine gives satisfactory stability to their day.

All sorts of devices are used to ensure as near normal activity as possible for these handicapped children: regular school hours, clubs, outdoor playground, games, sports, hikes in the woods, camp fires, music and music appreciation lessons, access to a library, Saturday afternoon movies and a weekly newspaper.

The *Recreational News* is edited and published by the children themselves. Each group selects its reporter, who writes an article each week on the group's activities. The paper has a unifying effect upon the patients; reading about the happenings in the different wards draws them together. One column is devoted to informal news, which the children read with relish. Each issue includes a schedule of activities for



**Above:** Emphasis is placed on the therapeutic effect of music. In addition to its psychological value in promoting happy mental attitudes, it provides motor stimulation and muscle exercise. **Below:** Normal activity for preschool children is assured at the Children's Country Home by a balance of work and recreation.



the coming week and gives the patients something pleasant to look forward to.

A program as extensive as this one cannot be carried on without the help of volunteers, known as the intermediate auxiliary to the Children's Country Home; these volunteers have their definitely scheduled times for work each week. It is with their able assistance that a planned schedule for the different age groups can exist.

May marked another year in this work at the home, and a reunion was held. All former patients were invited to attend the event. An amplifying system was set up in the schoolroom and wires were run down to the cottage where the bed patients are. The former patients were interviewed and interesting anecdotes were told for all to hear. The program closed with a community sing. Both the ambulatory group and the bed patients participated in the program, hearing the voices of friends they had made during their stay at the home.

With recreation playing such an important part in the everyday lives of these children, physical handicaps are minimized and social sense is strengthened in the hours of constructive play.



# Views on Inclusive Rates

*Expressed by 28 administrators*

CONSIDERABLE difference of opinion exists among administrators of small hospitals regarding the inclusive rate plan. This plan, which has now been in operation for somewhat over a decade in various hospitals, has aroused widespread interest. Recently, the American Hospital Association appointed a committee to investigate and report on inclusive rate experience to date. The committee's report has not yet been prepared.

In response to fifty questionnaires sent out to small hospitals by *The Modern Hospital*, a total of 28 replies was received. Of these 11 reported that they have inclusive rates for some classes of patients (only one has for all patients) and 16 said they did not have inclusive rates for any groups. In framing this question, patients were classified according to how their bills were paid rather than in accordance with their medical condition during hospitalization.

## Day Rate for Insurance Cases

One hospital, Valley View Hospital of Ada, Okla., reports: "We have a flat rate charge on all services but we also have a day rate for insurance cases which demand an itemized statement. Also, we have a day rate for patients in the hospital under three days."

This is an interesting limitation to the inclusive rate principle because it recognizes two of the difficulties that have arisen, namely, the unwillingness of insurance companies in some areas to accept inclusive rates and the fact that diagnostic and other short stay cases present a peculiarly difficult problem and one that requires special study. It might be of interest to the trustees of the Valley View Hospital to know that in Cleveland the insurance companies have agreed to pay bills on the inclusive rate plan. After all, it would be rather peculiar if they wouldn't since the inclusive rate system is itself a limited application of the spreading of the risk principle that is at the

basis of the whole insurance program.

Of the other 10 hospitals that have inclusive rates for some classes of patients five reported such rates for hospital service plan cases and four for workmen's compensation cases. The others have such arrangements with governmental units of various kinds as follows: state wards, 1; city or county patients, 6; township patients, 2, and "government" or "welfare" patients, 2. Obviously, some hospitals have such rates for more than one type of patient.

## Majority Is Opposed

When asked whether they were in favor of the inclusive rate system, 10 administrators of small hospitals said "yes," 13 said "no" and two stated frankly that they had not studied the plan sufficiently to have formed an opinion. For the benefit of the last, a few of the more significant articles on the subject may be mentioned, namely, "The Case for Inclusive Rates" by James V. Class, *Hospitals*, December 1939; "Cleveland Likes Inclusive Rates" by John R. Mannix, *The Modern Hospital*, January 1938, and "Flat Rate Payment Plan That Is Working Successfully" by Ada Belle McCleery, *The Modern Hospital*, September 1933. A comprehensive editorial also appeared in *The Modern Hospital* for November 1936.

The arguments in favor of inclusive rates are expressed by various people in different ways. H. A. Cross of the Jewish Hospital, Louisville, Ky., (100 beds) states that "in order to eliminate the complaints that originate mainly from extras" he is in favor of inclusive rates. "It would also aid in collections by being able to determine in advance the exact amount of an account and being able to collect in advance, if deemed advisable."

"The all inclusive rate for the ob-

stetric department is probably the best method of increasing the daily census," states John T. Cheeks of Alliance City Hospital, Alliance, Ohio (85 beds).

"It is more satisfactory for the public and simpler for the hospital," according to Ellis M. Studebaker of Bethany Sanitarium and Hospital, Chicago (51 beds).

"It saves bookkeeping and gives the patient an advance idea of what his bill will be," according to Roy A. Hammon of Grace Hospital, Banners Elk, N. C. (60 beds).

Rev. Charles W. Curry of the Warren A. Candler Hospital, Savannah, Ga., (72 beds) points out that "it proves a help in many cases particularly those paid for by city or county."

## Arguments Against Flat Rates

Lilyan C. Zindell of Atlantic Hospital, Atlantic, Iowa, states the arguments most commonly made against the inclusive rate plan as follows: "Too many doctors will take unfair advantage of the plan. I believe such a plan gives the patient requiring many items and services an unfair advantage over the patient who may require few, if any, items and a minimum amount of service. Usually, when many items of medicine or dressings or both are required, extra service is also required. It may take more effort and time on the bookkeeper's part to tabulate individual items but it is my experience that it is time and effort well spent in creating friendliness and understanding."

Miss Zindell goes on to point out that one of the most urgent present problems is to make adequate hospital facilities available in face of the sharp rises in costs of commodities and salaries. "Any attempt to curtail services in order to cut costs will, I believe, ultimately and seriously hamper the efficiency of an institution.

Therefore, before considering any step in that direction, I think it would be well to examine the book-keeping system and the picture it reveals. An adequate system of accounting will quickly reveal the financial situation of an institution both by departments and as a whole unit. Until an adequate accounting system is installed, no plan of rates can be accurately evaluated, nor can one justly approve or disapprove any plan for setting up rates."

Ruth A. Wescott of Alameda Hospital, Alameda, Calif., (92 beds) reported that they "had more difficulty in collecting with the flat rate, many people feeling that they paid for what was not used by them but by other patients."

A misunderstanding of the meaning of the inclusive rate plan is indicated by some of the answers. One small hospital in Kansas, for example, replies that "some patients use much more than the inclusive rate covers." Several comment that they believe the inclusive rate plan is "not applicable" to their communities.

One administrator in the South states that the plan is not acceptable because "this hospital's patients are either charity or pay patients."

Another argument against the plan is stated by R. T. Stephenson, business manager of the George Ben Johnston Memorial Hospital, Abingdon, Va., (60 beds) as follows: "Unless it is going to reduce hospital costs to patients, there is no public demand for it and no virtue in it from the patient's standpoint. If it does cost less, then the hospital revenue is automatically reduced. To prevent this from being the cause of going dangerously into the red, the inclusive rate would have to be fixed at some intermediate point of cost per patient. This means that some pay for services not received while others pay less than cost."

Oddly enough, no one mentioned one of the principal arguments in favor of the inclusive rate plan, namely, that it helps to improve the quality of medical care by making it possible for the physician to order such examinations and treat-

ments as the patient needs, rather than only those for which he thinks the patient is able and willing to pay. Actually, in the long run, this means that the cost of hospital service goes up because more diagnostic and therapeutic services are rendered. Mr. Stephenson is correct, therefore, in stating that the plan does not reduce the cost. But the rates can be set at a level to give account to the increased amount of service and thus need not lead to any deficit on the part of the hospital.

The hospitals that do not have inclusive rates were asked to indicate for what "extras" they make a charge but their answers were incomplete.

Seventeen of the hospitals answered "yes" to the question: "Do you favor the idea of making separate charges for small items, e.g. aspirin tablets, drugs, dressings?"

Fourteen hospitals reported flat rates of one kind or another for tonsillectomies, 12 had such rates for maternity care and five had them for laboratory service. There was wide variation in these rates. One hospital reported that its laboratory service was free to residents of the county, probably being supplied by the health department.

Hospitals were also asked whether they had raised rates during the last twenty-four months. Eighteen said "yes" and 10 said "no," but of the latter five said they intend to raise rates shortly. Four of the 18 that had already raised rates in the last two years volunteered that they were going to raise them again.

The amount of the raises was given as follows: one hospital raised by 5 per cent; four by 10 per cent; one by 15 per cent, and two by 20 or 25 per cent; seven raised rates by \$0.50 per day and one raised by \$1 per day. Two did not give the figure.

In all but one instance the hospitals reported that the increase of rates was received without complaint by the community; in the one exception the new room rates are still low: wards, \$2.75 and \$3; semiprivate rooms, \$4, and private rooms, \$4.50 and up. One administrator who raised rates 25 per cent for private patients and from \$2.15 to \$3.15 for indigent patients stated that "very few took cognizance of the advance. The county director of relief made more fuss about the raise than anyone, including the taxpayers."

## The Bias of Good Health

THE recognized function of the hospital administrator is to establish the best possible working conditions for physicians to treat patients and to establish these conditions with the utmost economy and efficiency. The successful administrator becomes something of an efficiency expert. Anything that interferes with the efficient function of his hospital tends to be irksome to him. The greatest liability in this regard is (with the exception of the physician who is blind to administrative needs) the patient; particularly, the chronically ill patient.

Physical disease, frustration, socio-economic difficulties and failures, his shut-in life, his removal from direct contact with realities leave marks on the patient's mentality that vary from the subtlest deviation from normal to unruliness and rebellion. The administrator is faced more often than he realizes with the necessity of making a differential diagnosis between the mental effect of illness and willful lack of cooperation.

His differential diagnosis—under

the impact of his assigned duty—is often biased. The appearance of a violation of discipline is easily diagnosed as such, when in many cases it should be diagnosed as a symptom of disease. There is too much classified thinking in pigeonholes: a patient is either "mentally normal" or he belongs on a psychiatric ward. In reality, most chronically ill patients are somewhere between the two extremes.

The administrator should be keenly aware of the fact that he and the patient speak different languages on different backgrounds of living experience, aims and mentality. Purely linguistic difficulties are small compared to the gap that necessarily exists between the mentality of good health and that of illness. It is for the administrator to see the problem, to make adjustments, to work for understanding. It is a hard task, unless he himself has had the educational asset of a chronic illness.—MAX PINNER, M.D., *chief of division of pulmonary tuberculosis, Montefiore Hospital, New York City.*



# Who Should Boss the Intern?

HAROLD MARKS, M.D.

Medical Division, Office of Civilian Defense

THE responsibilities attendant to an intern's duties are vague and frequently not even fully understood by him or the hospital management. His responsibility to the patient is of prime importance. Yet the patient did not engage the intern. Because he lacks scientific knowledge and clinical judgment, the patient cannot direct or control the intern's ministrations.

The intern has entered into a contract with the hospital, but a hospital cannot practice medicine and, therefore, cannot have authority over his work.

According to good managerial practice, the administrator would have "line" authority over the intern. However, one facet to this relationship is that only about one third of the registered hospitals in this country are administered by physicians. Nurses or laymen are in no position to have line authority over the activities of a physician, even an embryo one.

The administrator, acting for the hospital, can terminate the intern's contract or deliver admonition for negligence of duty, but to an intern who has so little interest in his work that he must be admonished for dereliction of duty, admonition is no penalty.

In the intern-hospital relationship one of the greater managerial "clubs" present in almost all other employer-employee relationships is absent, namely, the fear of a reduction of pay or privileges.

The intern's only privileges are a bed with which he has too little acquaintance, meals which he feels are far below his physical requirements and social station and the final indispensable privilege of caring for patients.

In the case of an intern sent to the hospital from one of the few medical schools requiring an internship as part of the course, admonition might have a different effect because these schools require reports on their students. However, all that

is usually required of the intern is the "successful completion of an approved internship." Dismissal from the hospital is only a minor inconvenience because the intern knows that his dean is a fairly tolerant man and that there are more internships than there are interns to fill them; another position is easily obtained.

Some hospitals have residents to whom the intern is responsible, but this merely removes by one step

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**The thrill he gets from a job well done is the intern's reward for his work.**

**That is why a rigid line authority can be eliminated, says this physician**

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the vagueness of the line authority because the authoritative relationship of the resident to the administrator is just as hazy as is the administrator-intern relationship in hospitals that have no residents.

The staff man-intern relationship varies with the type of hospital. In a private hospital an intern may be responsible, in some measure, to as many attending men as he has patients on his service. In this type of hospital it is usually the chairman of the intern committee who is supposed to have authority over the intern, but this man has his own patients to care for and has neither the time nor the ethical right to investigate the relations between an intern and the patients of another physician.

In a large charity hospital in which each attending man has charge of a ward or service and each intern is assigned to one ward or service, the authoritative relationship of the attending man to the intern becomes less "functional" and more "line" and, therefore, more

closely analogous to the foreman-worker relationship found in industry. However, the attending man did not hire the intern and cannot discharge him. He cannot reward for superior work or penalize for inferior work.

In a teaching hospital with a full-time closed staff, the authority of the staff man over the intern closely approaches that found in industry. Here the staff man, for teaching purposes, must be minutely familiar with the cases. As a result, the intern's work is closely followed and he receives the benefit of close supervision.

Another point of unhappiness for the intern is the ratio of his authority to his responsibility. At times he carries huge responsibility and almost no authority to support it. This condition tends to create chaos in authoritative relationships.

Medical educators have "sensed" that something was wrong in the intern-hospital relationship and have suggested a remedy, but their approach is from an educational and not from a managerial standpoint. The suggestion is to have some physician connected with the hospital act in the capacity of educational director for the interns, thereby creating a direct line of authority from the administrator through the educational director; while improving the educational possibilities of the internship, this arrangement also would remove some of the chaotic authoritative relationships.

In the hospital with such hazy lines of authority, why does the intern do any work at all? In industry a worker with such little authoritative control does not produce acceptable work. The reason is found in the intern himself. He is neither a dullard nor a fool. He is able to accept or assume responsibility and the very nature of his work, which requires individual judgment, tends to preclude driving or coaxing measures. The greatest source of authority comes from within himself—the individual pride of workmanship.



## With Spirit Born Anew!

JAMES R. GLIDDEN

Vice President, St. Luke's Hospital, Middleboro, Mass.

**I**N MANY respects St. Luke's of Middleboro, Mass., is typical of the American community hospital. For twenty years it has been ready day and night to serve in time of need a rural community of about 12,000. At first only 18 beds were available in what was formerly a private residence. Later as the need increased a new fireproof building was erected, well furnished and equipped with 32 beds.

At 20 annual meetings the hospital's incorporators have elected 25 trustees, who, in turn, have elected seven directors. During this period the responsibility of operation has been directly in the hands of the seven directors, affording them much pleasure and a wonderful educational opportunity.

Then came the meeting of the American Hospital Association in Boston two years ago. At the trustees' section the directors of St. Luke's were greatly interested in the subjects presented and in the general discussions. As a result we saw a new hospital in our town, different from the one that had rendered such faithful service for twenty years. True, it was the same building with the same efficient superintendent, the same nurses and doctors, the same domestic help, but what a different public attitude would exist toward the institution! What an interest trustees and committees would take in their duties! And what enthusiasm there would be in our new auxiliary!

Call this a dream, a vision or whatever you will. We believed that we could have such an organization if we wanted it badly enough. But how were we to gain the support of our citizenry for this new organization; where were we to find working trustees and committees? A hospital may have leaders, but what about the followers and associates upon whom they may depend, associates

to whom responsibility may be given, by whom it will be accepted gladly and discharged fully? There is a vast distinction between the words "ability" and "dependability." There are times when it is well for a hospital to take stock and to choose its boards and committees with this in mind.

Always remembering that every town has a goodly number of public spirited men and women, we decided that education and salesmanship were needed to put our program into practice. So we carefully

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**Selling your hospital to the community can be infinitely simpler if first you sell your board of trustees. That, at least, is how St. Luke's Hospital in Middleboro, Mass., became known as "a hospital with personality"**

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made a list of the different problems confronting us and built our committees around these needs. At last, we had the following groups listed: grounds, building and equipment, supplies, activities, finance, public relations, personnel and legal. At our annual meeting trustees were chosen who we were confident would be best qualified to serve as chairmen and members of these committees.

Now we were ready for the salesman. He must sell our hospital to

the trustees first, and they, in turn, must sell it to our townspeople. In other words, we wanted our town more hospital minded. We must gain its attention, hold its interest, make it desirous and resolved to work.

The trustees' meeting was held and we had their attention at once, as we outlined our needs and our plans. We showed them the part they could play in our program and asked them, each and every one, to share with us the opportunity and pleasure of service.

At this stage of the meeting, their interest had been aroused and each trustee was placed on some committee. This gave them an opportunity to learn more about the inside workings and operation of our hospital and its needs; the more they learned the more desirous they were to work. As we arrived at our fourth step, we found our entire slate resolved to give freely of its time to build for our town a hospital with personality.

In this setup each committee chairman is a director, so at our monthly directors' meeting we have a report of each committee. This has been wonderfully successful and surely stimulates interest and expedites the work.

The secret of a strong, active organization lies in the proper utilization of its committees. Take, for example, the opportunities of the women's auxiliary. This should be a subsidiary organization and operated strictly for the benefit of the hospital. The auxiliary president should keep in close contact with the trustees and superintendent, acquaint herself with the hospital needs and choose one or more of these needs as projects to be worked for by the auxiliary. Our auxiliary

# WHETHER YOUR HOSPITAL BEDS ARE COUNTED IN TENS OR THOUSANDS—



These three flasks will solve any donor flask problem.



The 1000 c.c. and 2000 c.c. pooling flasks for the pooling of plasma from either Saftifuge or Sediflask.

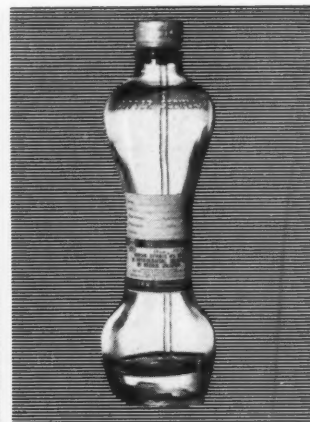


These flasks, with and without saline, solve all administration problems.

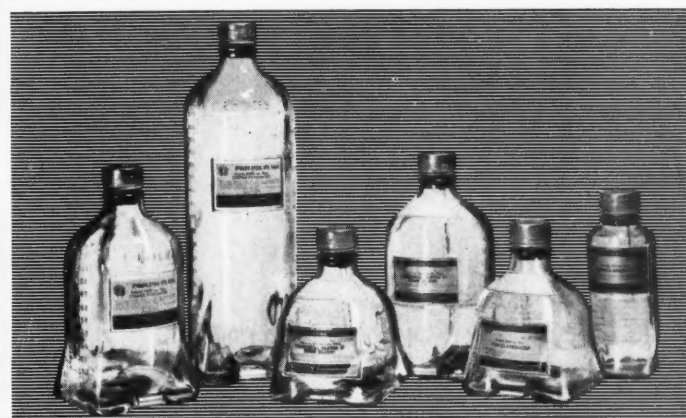
*Cutter transfusion and plasma equipment is engineered to fit your needs exactly!*



The 250 c.c. and 500 c.c. Saftifuges for the drawing of whole blood for administration or for centrifuging for plasma.



The 500 c.c. Sediflask for drawing and administration of whole blood and for greater recovery of plasma by sedimentation.



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Ask your Cutter Saftiflask distributor or write direct for complete information and prices. We shall be glad to assist in designing just the proper set-up to suit your purpose.

## CUTTER Laboratories

BERKELEY • CHICAGO  
NEW YORK

One of America's oldest biological laboratories



has four active committees: ways and means, sewing, publicity and visiting.

The visiting committee is in charge of the hospital tour. This feature is greatly aiding our hospital committee on public relations. During each auxiliary meeting members are selected alphabetically to go through the hospital with the superintendent. They are shown the linen closet, medicines, supplies, equipment, x-ray department and operating rooms. They also are given an idea of the costs of operation and replacement of machines and how the machines become obsolete in a comparatively short time because of new inventions. This group of

women is learning more and more about the hospital and is spreading much favorable advertising through our town.

An ideal plan is to elect as one of the hospital trustees a woman who will serve as auxiliary president and will also serve on the hospital activities committee. A director is chairman of this committee so at each directors' meeting there is a report of the auxiliary activities.

In forming an auxiliary always remember that the choice of a leader is of vital importance. To find the reason for unusual success in a group or an activity, the search leads directly to the chairman. If he or she is right, the job is right.

## WOMEN'S SERVICE GROUPS

### Garden Guild at Work

One of the newest guilds at St. Luke's Hospital, Spokane, Wash., is the garden guild. Its program consists of obtaining plants and shrubs for the hospital grounds and working with the hospital authorities in plotting flower beds and herbaceous borders and in planning a steady sequence of blossoms throughout the season.

Other active guilds are for reading aloud to patients, writing letters for those unable to write, handling the patients' library, planning outside activities for the nurses, assisting them in their shopping and helping them cultivate outside interests. Then, of course, there are the usual needle and thimble guilds.

### News From Easton

Twenty active auxiliaries with a membership of approximately one thousand! What more could any hospital ask of its community. At Easton Hospital, Easton, Pa., all of this work is sponsored by the women's board and is under the direction of a field worker.

Each of these groups undertakes a project for the year, according to Mrs. Paul Emanuel, president, such as the maintenance of private rooms or the purchase of equipment for various departments. The women sew, too. Last year they made 29,080 dressings and 2918 new articles.

To carry on successfully requires considerable money, which is raised in various ways. Parties, sales, cafeteria suppers and dances are just a few. Then each spring the women's board,

in conjunction with the auxiliaries, holds a street fair. All of this accounts for the attractive sun deck the hospital now boasts and also for its new refrigeration system and equipment for the x-ray department.

The women's board has a membership of thirty. Its chief responsibility is the financing of a clinic for crippled children at the hospital. Here 200 patients are cared for during the course of a year and are supplied with the necessary shoes and braces. Other activities of the board include a nursing committee that serves in an advisory capacity to the director of nurses concerning problems of the nurses' home and training school.

Incidentally, this year the women's board sponsored a showing of Colleen Moore's "Doll House." This entailed a great deal of preliminary work, such as extensive advertising, Mrs. Emanuel reports, but, once started, it sold itself. As a money-making procedure she heartily recommends it to other women's groups.

### Surgical Group Meets Weekly

Meetings of the surgical group at the New England Hospital for Women and Children, Boston, are now taking place weekly, according to Mary E. Hunneman.

While the same members are not always present, some fourteen women work each week on material that the motor corps carries and collects from three churches, four high schools, two clubs and fourteen private individuals. This means that a lot of sewing is accomplished. At present, the auxiliary

is financing the purchase of an extractor for the hospital laundry.

Among its many projects the group is deliberating over a fitting demonstration to celebrate its tenth anniversary.

### War Work Comes First

Founded shortly before the attack on Pearl Harbor, it is natural that the new women's auxiliary of Mercy Hospital, Chicago, should give major attention to war projects. It is now well on its way toward meeting its \$5000 pledge to the funds for two mobile emergency units and for a hospital blood bank. Special Red Cross first-aid classes are held at the hospital for auxiliary members. A Red Cross production unit was active until lack of materials caused a temporary shutdown. Even the auxiliary's gift of a patients' library has its war slant. Many of the books are rental books, the proceeds from which go toward buying war bonds.

### Boston Women Are Busy

A new building has placed additional demands upon the Massachusetts Memorial Hospital's aid association, Boston, according to Mrs. Harold W. Ripley, the president. This group assumed the responsibility of furnishing and equipping the new cafeterias and private dining rooms; in consequence, all sorts of card parties, silver teas and benefits have taken place. When last heard from, Mrs. Ripley and her associates were planning a large two day rummage sale.

"But our work does not consist entirely of raising money," Mrs. Ripley explains. "One day each month the members gather at the hospital to assemble and bundle up garments to be sent out to the churches of greater Boston where they are made up ready for hospital use. This means that many people of the city are working for and are interested in our hospitals. In addition to assembling garments, we have been making curtains for the new building and emergency blackout curtains for the entire hospital, not forgetting surgical dressings and tea balls, which are always wanted."

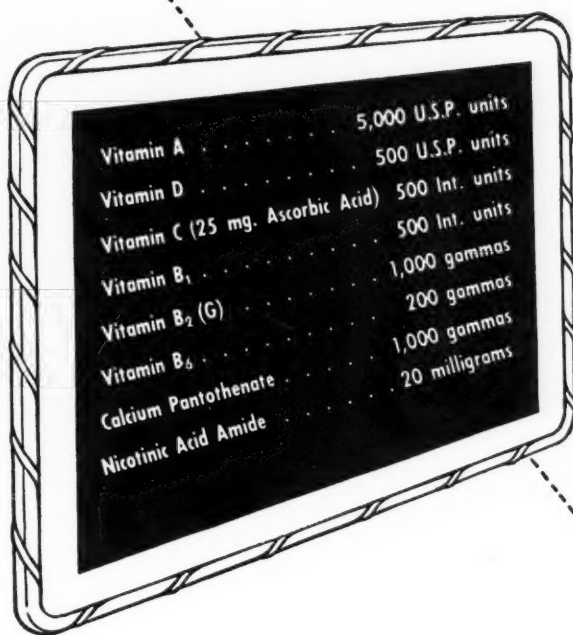
Mrs. Ripley confides that their latest dream is a gift shop, by now probably a reality. The plan calls for a paid manager working under the direction of a gift committee.

One of the auxiliary's activities for which plans have not been completed is the open house tea, which will give members of the group an opportunity to see the new building and to enjoy a social hour together.



# UNICAP VITAMINS

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**ONE** Capsule, Once a Day

**CONVENIENT • ECONOMICAL • ADEQUATE**

Unicap Vitamins are supplied in bottles of 24 and 100.



*Fine Pharmaceuticals Since 1886*

# Plant Operation and Maintenance

CONDUCTED BY W. W. DAVISON AND R. STARR PARKER

## \$1000 Equips a Hospital Shop

L. NEAL SMITH

Superintendent of Buildings and Grounds  
Emory University Hospital, Emory University, Ga.

**I**NCLUDED within the modern hospital is a plant carrying on all the functions common to the average American city yet, frequently, without the accessibility of its own general repair shop. In most communities, large and small, the economic law of supply and demand requires a general repair shop or, more likely, a group of more highly specialized repair and maintenance shops.

Until recent years, because of excessive cost and the large area of floor space needed, the general maintenance shop for smaller institutions has been prohibitive. Thanks to our system of manufacturing and distribution, this is no longer true. For a sum of less than \$1000 the average hospital can install a shop as complete and as modern as the rest of the institution. In this shop, a basement room 20 by 40 feet or larger, well ventilated and lighted, and with sufficient power outlets to allow for a free and liberal placement of independently driven motor units, the hospital will come to find one of its most resourceful and contributing units.

Experience has taught me that the highly specialized jobs have no place in the general shop but should be sent to a specialist. There are numerous reasons for this conclusion; however, most evident is the expense incurred from highly specialized equipment and highly skilled operators to run this equipment.

The real purpose of the maintenance shop, in my opinion, is to be found in the old adage, "A stitch in time saves nine." If the man in charge has no foresight, initiative or will to do, then the equipment is of little benefit. However, if the tools are available and he takes pride in his work and makes repairs in advance of complete breakdown, the shop may come to be the greatest asset of the entire hospital. The

duties and equipment of the shop should be: to facilitate the repair and repainting of all furniture; to weld or solder a tool or piece of equipment before the part or parts are lost; to sharpen and adjust the various driven and cutting accessories in use throughout the plant; to bolt or rivet pots and pans and other objects that cannot otherwise be repaired; to turn a rung or cut a rocker for a disabled chair; to reseat a valve or adjust a gauge so that a machine will not be shut down; to retire a truck or wheel chair and have it back in service in short order; to thread a pipe or renew a line when either is least needed.

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**With conservation receiving greater emphasis in these days of active economy, the hospital shop is a vital necessity, especially when it can be set up and operated as efficiently as this one**

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There are many pieces of simple apparatus used throughout the hospital that may be forged and assembled in the general shop. The shop that is kept orderly, allowing no accumulation of work, can be branded as an asset, while the one that is a mere "catch-all" is of little value or significance to anyone.

According to my observation, there is no institution more keenly alert to the need of essential equipment than the modern hospital; yet in many instances these institutions

have not so much as a good set of hand tools. The successful functioning of the completed hospital in all its amazing, complex and revolutionary equipment from the simple bunsen burner to the most intricate x-ray machine is as dependent upon the shop as an automobile is upon the local service station. Now, as never before, this shop can and should be a vital part of the hospital equipment.

Within recent years, at least three manufacturers have brought to the market inexpensive, lightweight, compact and independently driven, yet thoroughly accurate and efficient, tools. A tool of this kind can be had for every job to be performed in the present day hospital.

For the last two years, our shop at Emory University Hospital has been operating ten hours a day in commercial use, which means it gets several times the wear and abuse that a maintenance shop receives, yet it stands up exceptionally well. This shop consists of the following units each mounted on an independent base and driven by an independent 60 cycle, single phase A.C. motor. Total cost for the entire list of tools is about \$1000.

One 1/3 h.p. variable speed drill press, complete with all the shaping and mortising attachments.

One 10 inch combination rip and cut-off saw with dado heads and other accessories (stationary table with tilting motor).

One 12 inch band saw with safety guards.

One 6 inch jointer with safety attachments.

One 12 inch wood and metal screw cutting lathe.

One 24 inch jig saw.

# NO NEW LAUNDRY and DRYCLEANING MACHINERY MAY BE SOLD OR DELIVERED FOR CIVILIAN USE

(Except on such special authorizations as may be granted)

By WAR PRODUCTION BOARD Order, Effective April 18, 1942

General Limitation Order L-91, issued April 18, 1942 by the War Production Board, prohibits the sale and/or delivery of commercial laundry and dry-cleaning machinery. This action, the order states, is "deemed necessary in the public interest and to promote the national defense."

To those of you who are operating Hoffman equipment of one kind or another—and that includes many of America's finest hospitals—we express

... Our deep appreciation for the business you have given us during the past years

... our confidence that your Hoffman equipment will serve you well until we can replace it. We've always built it to last—and we know that it will!

## **This Is Our Big Chance To Help Win This War**

Are we dismayed by this ruling? Not on your life! Neither you nor we will be discouraged by this turn of affairs. We know that you will recognize this necessary action of our government for what it is—the opportunity for you and for us to cooperate wholeheartedly by cheerfully making the sacrifices necessary to win this war!

## **Your Job Is Conservation**

Conservation is the order of the day. Save your linen by careful handling in the laundry. Load machines properly—and not beyond their rated capacities. Check your washing formulas. Check your maintenance of equipment. From now on take extra good care of it—to make it last even longer.

## **Ours Is War Production**

Now it is our job to complete the conversion of our plant facilities to war production, in which we are already heavily engaged. At the same time we pledge our continuing interest in your problems and our determination to help in every possible way in their solution.

*This order will not prevent us from supplying you with genuine repair parts for maintenance of your Hoffman equipment.*

**U. S. HOFFMAN** MACHINERY  
CORPORATION  
107 Fourth Ave. • New York, N. Y.  
COMPLETE LAUNDRY EQUIPMENT SERVICE FOR THE INSTITUTION



One ½ inch portable electric drill with stand.

One small portable spray-paint outfit.

One ½ h.p. high speed grinder.

One flexible shaft with grinder head for smoothing welds.

One 12 inch draw cut power hack saw complete.

One 150 amp. motor driven welder.

One 6 inch combination belt and disk sander.

One small coal-fired, electrically driven forge.

One garage vise, pipe vise and wood vise.

One complete set of hand tools to associate and coordinate the work of the power driven ones.

Tools in the foregoing list, prop-

erly spaced and in the hands of a capable maintenance man, can and should show a marked difference in the efficient and economical operation of the hospital plant and all its specialized equipment. This shop, well planned and efficiently manned, should show a saving unequaled by any other investment that the modern hospital could make.

## Engineers' Question Box

### Oxygen-Caused Explosions

**Question 11:** Under what circumstances can explosions result from the use of oxygen? When can fires occur?—A.C.M., Ore.

**ANSWER:** Oxygen is not a combustible but supports the combustion of other gases. Liquid oxygen can be detonated and has a limited use as an explosive. The question probably refers, however, to the rapid combustion of carbonaceous materials or fabrics. Combustion is the combination of "carbon" or other combustible with oxygen. Air normally contains 21 per cent of oxygen and supports combustion. The air in an oxygen tent, or the air surrounding a patient using an oxygen mask, contains more than 21 per cent oxygen. Any combustible heated to the temperature of ignition, therefore, will burn more rapidly in such an atmosphere, as there is a greater amount of oxygen available. If conditions are just right, a combustible gas will combine with oxygen with the creation of a loud bang and with the evolution of heat and light. This might be called an explosion which, after all, is only a rapid combustion.—H. F. VOGEL, E.E., Sunmount, N. Y.

### Average Electricity Costs

**Question 12:** How does the average 100 bed hospital determine the cost of electricity per day for lights, laundry and food department? We operate our own laundry, which is not on a separate meter.—F.R., Ark.

**ANSWER:** The following plan will give a fair estimate of the electric current used in various departments. Sum up the wattage of all electric light bulbs in use in the department, divide by 1000 and multiply by number of hours lights are used per month. This will equal the number of kilowatt-hours per month. Take each motor in use, find rated horsepower, multiply by hours

used per month and multiply by ¾ (an approximation of 746 divided by 1000, representing the ratio between horsepower and kilowatts). The final result equals the number of kilowatt-hours per month.

Electric heating devices are often rated in kilowatt capacity. If fully utilized all that is needed is to multiply by number of hours in use per month to determine the kilowatt-hours per month.

Once these summations have been determined for each department, an attempt should be made to estimate next month's consumption. It will be an interesting experiment and will offer a check upon your estimating ability. Do not try to be too exact. If you come within 10 or 20 per cent you are doing well. If greater accuracy is required by your accountants, they should be prepared to pay for the separation of the load into individual

### "Checking Fire Hose" Wins \$5

Hiram Smith, master mechanic, and R. C. Nicolai, student engineer, St. Luke's Hospital, Cleveland, are the recipients of this month's \$5 memento of appreciation for their answer to Question 14 last month on frequency and method of checking hospital fire hose and standpipe connections. The winning answer appeared on page 86 of the May issue.

This isn't a private battle of wits; any reader may enter. You may answer any of the questions that appeared in the magazine in earlier months, even though other persons have given different answers. Perhaps you don't agree with the answers that have been published. If so, send in your own. This is your round table.

Here are five additional questions for you to study.

26. What maintenance of the heating system should be followed in the off-heating season?—A.B.J., Minn.
27. What effect will the war have on the use of gas and oil in hospital heating plants in the coastal regions?—R.S.T., N.Y.
28. What procedure should be followed in laying up a heating boiler for the summer?—B.J.E., Ind.
29. What are the best temperature and humidity to maintain in an air conditioned operating room? In an air conditioned nursery?—W.F.A., N.J.
30. We seem to be unable to obtain four and five conductor signal cords for our nurses' call system. What can we use as a substitute?—D.G., Ore.

Send in your own troublesome problems or answer those of your fellow engineers. Address the Department of Plant Operation, The MODERN HOSPITAL, 919 North Michigan Avenue, Chicago.



***They rarely need attention... BUT  
they deserve it now!***

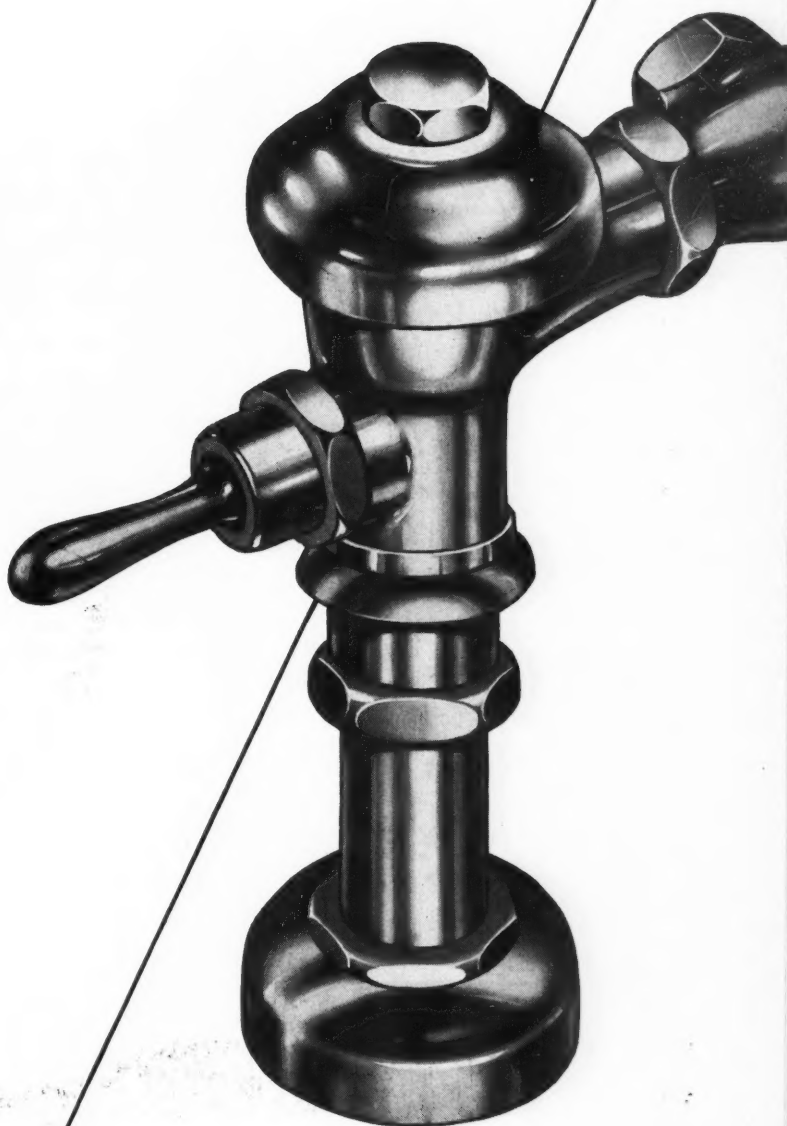
Very rarely does your adding machine or your Sloan Flush Valve need attention. But both are mechanical instruments and so, both *will* wear. That being the case (if you couldn't get another) you would be careful to take care of the one you have.

Take care of your Sloan Flush Valves. Every material entering into their manufacture is on the critical list. Conserve vital metals by proper maintenance.

Call in your master plumber today and have him check over your Sloan Flush Valves. Such a check-up will result in two things: (a) put the valves that *do* need attention in A-1 condition, and (b) give you the assurance that your Sloan Flush Valves are as good as new—ready for more years of trouble-free, water-saving service under all conditions.

**SLOAN VALVE COMPANY**

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**SLOAN *FLUSH* VALVES**

circuits, each with its own meter.—  
H. F. VOGEL.

### Humidity Control

**Question 13: What is the value of retaining moisture in a patient's room? Does the pan of water on the radiator offer any advantages in maintaining humidity?—G.B., Ky.**

**ANSWER:** It keeps the patient—and others in the room—comfortably warm at a lower temperature. See "Zone of Comfort" in any heating and ventilating treatise. The pan on the radiator keeps someone busy refilling it. It is easily spilled and is messy in any event. Better not bother, unless the doctor in charge orders a saturated atmosphere for the patient.—H. F. VOGEL.

### Water Consumption

**Question 17: What is a fair average water consumption for a 100 bed hospital with an average of 78 patients and 50 personnel in residence? We have a laundry and central refrigeration and ice-making machinery but no air condi-**

**tioning except in the operating rooms.—K.B., N. J.**

**ANSWER:** I think a fair average of water used would be 300 gallons per day per patient and a good average would be 200 gallons.—FRANK SMART, Chief Engineer, Beth Israel Hospital, New York City.

### Wall Washing Procedure

**Question 18: Should walls be washed from the bottom up or from the top down?—H.A.C., Mo.**

**ANSWER:** Walls should be washed from the bottom up. The walls should be dusted first. The drips of the water containing the washing compound are more easily picked up when washing is done from the bottom up. This, in turn, makes for less streaking on the finished wall. Also, it will be noted that drips that run down onto the damp surfaces already cleaned have less tendency to cut into the damp surfaces than into a dry surface.—FRANK SMART.

## Stripping Old Paint

**WILLIAM L. WILSON and WILLIAM BECKER**

Superintendent and Painter, Respectively  
George F. Geisinger Memorial Hospital, Danville, Pa.

ON THE theory that one of the hospital's greatest assets is an appearance of freshness and cleanliness, the George F. Geisinger Memorial Hospital each year outlines an extensive program of repainting.

When the time came for refinishing furniture and other portable equipment and accessories that could be transported to the paint shop, the tedious task of stripping off the old finish began. Days used to be spent

in cleaning the furniture for repainting. Some sort of procedure became an absolute necessity if the painting program was to be carried on without having to hire additional painters.

The answer to the problem was devised in the form of a pair of steel tanks, placed side by side. Into both tanks water and live steam are piped. In one tank is kept a concentrated lye solution, while clear water fills the other. During the stripping process, live steam is turned into the lye solution until it boils. The furniture or other article to be stripped is then dipped into the solution for a few moments only; it emerges absolutely clean. It then is submerged in the tank of hot water to rinse off all traces of the lye solution.

At first, it was thought that only metal articles could be treated in this manner. However, experimentation later proved that wood furniture could be treated the same way with a little care. Careful observation and removal just as soon as the finish is off will prevent the strong lye water from pitting or warping the wood.

The painter using this procedure must be careful not to let the lye water get on any part of his body or clothing. The best means of avoiding this danger is to use long hooks to handle the articles being stripped. Hooks on a chain suspended from an overhead rail have proved to be an effective means of handling heavy pieces, such as radiators and parts of beds.

The tanks are constructed of  $\frac{3}{8}$  inch sheet steel. The following tank dimensions have proved to be adequate for treating any single article and large enough for submerging several small articles at the same time: length, 4 feet 6 inches; width, 3 feet 6 inches; depth, 3 feet.

With a boiling solution of 50 pounds of lye to 200 gallons of water, complete stripping of several coats of old paint can be accomplished in from three to five minutes.

With the system just described, plus the use of a compressed-air spray gun, one man, in three days' time, can strip completely and apply three coats of paint to every piece of furniture from a hospital ward of twenty beds. The actual stripping takes only a few hours. The same job under the old system of piecemeal hand stripping and brush painting required several weeks.



Painter lowering radiator to be stripped of paint into lye water.



Stripped radiator is immersed in the water tank for rinsing.



PRODUCTS OF BAXTER LABORATORIES

# CUT COSTS

## PLASMA PREPARATION WITH THIS NEW BAXTER 5 PURPOSE CONTAINER

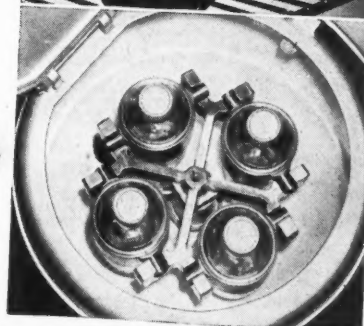
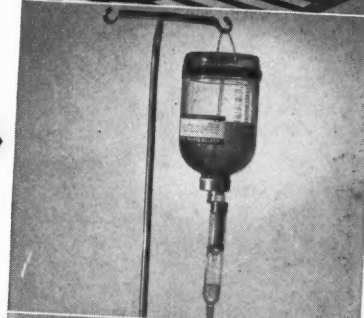
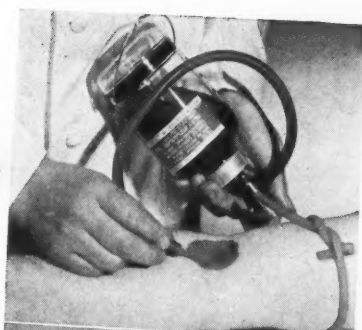
**Saves Space**

**Reduces Inventory**

### A Vacuum Bottle for

- ▶ **collecting blood**
- ▶ **banking**
- ▶ **dispensing**
- ▶ **sedimenting**
- ▶ **centrifuging**

For 500cc of blood. Contains 70cc of anti-coagulant.  
The wide range of uses for this new F10S Baxter Transfuso-Vac container makes it possible for the hospital to substantially reduce its Transfusion Service equipment investment and storage space requirements. It eliminates the necessity of carrying a stock of separate containers, as it serves for all five purposes, and provides a closed technique which assures asepsis with a minimum of detail.



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**AMERICAN HOSPITAL SUPPLY CORPORATION**

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# HOUSEKEEPING PROCEDURES

Conducted by Alta M. LaBelle

## *Be Kind to Equipment*

### Economical Use of Space

#### STOVES:

1. Use proper utensils with flat bottoms that fit the burner, straight sides and tightly fitting covers. ☐
2. Plan meals carefully so that as many dishes as possible can be cooked at one time in the oven, deep-well cooker or boiler. ☐

#### REFRIGERATORS:

1. Don't store unnecessary foods in the refrigerator. Keep vegetable shortenings, pickles and jellies in a cupboard. ☐
2. Store all foods after they have been allowed to cool. Use as small containers for leftovers as possible. Use shaped, covered dishes to conserve space. ☐
3. Don't overcrowd the refrigerator. Leave room for free circulation of air. ☐
4. Think before opening the door and remove all necessary foods at one time. ☐

### Brushes and Brooms

1. Bore a hole in the end of the handle and put a heavy cord or wire loop through it so that brushes and brooms can be hung up. Screw eyes can also be used. ☐
2. Be sure that all brushes are turned down to dry so that water does not soak into back of brush and cause the bristles to rot and the backs to split. ☐
3. Wash and dry rubber scrapers; never allow them to soak in hot soapy water. ☐
4. Comb out bristle, hair and fiber brushes once a day with a "nail brush." This is a homemade affair—a 12 inch length of 1 inch hard wood dowel, with one row of nails spaced about 1/2 inch apart along 6 inches of the dowel, leaving a 6 inch handle. Smooth ends of nails. A 12 inch length of old broom handle may be used instead of the dowel. ☐

### Garbage Pails

1. Wash garbage pails weekly with a solution of hot sal soda and use a long handled brush. Scald and dry. ☐
2. Coat the sides and bottom with mineral oil when cans are to be stored to avoid rust. ☐
3. Line the pail with newspapers to aid cleaning. ☐

### Sewing Machines

1. Keep belts tight and in good repair. If machines do not have a hinged presserfoot, avoid sewing over pins. Use needles of the proper size for the job you are doing. Keep the tension well adjusted. ☐
2. Remove the plate above the bobbin case. Use a small brush (a No. 2 paint brush works well) to remove lint and thread. ☐
3. Oil all moving parts with good sewing machine oil at least once a month. Grease the motor on electric machines every three or four months. Follow the manufacturer's directions and use the type of grease that is recommended. ☐

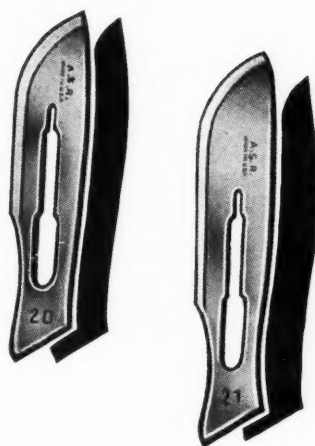
### Electric Irons

1. Disconnect iron when it is not in use to conserve electricity and to prevent it from being overheated. ☐
2. Leave the plug in the iron engaged and disconnect at the wall socket by grasping the plug, not the cord. ☐
3. Keep cords in good repair. Worn, broken cords are dangerous and may cause a short circuit, blow out a fuse or constitute a fire or shock hazard. Replace worn cords with safe ones. ☐
4. Hang cords over a wide wooden peg. Avoid knots, twists or sharp bends. ☐
5. Keep handle bolts and nuts tight and sole plates clean and slick. If the sole plate becomes coated, wipe it with a damp cloth when iron is cold, plug in and rub the warm iron over wax paper. ☐

### Laundry Washing Machines

1. When the machine is loaded, keep the water level at the point marked. Too much water may damage the mechanism by getting into the bearings through the top of the agitator post. Too little water causes clothes to drag instead of float and overloads the machine. ☐
2. Don't wash a heavier load than the manufacturer recommends. The strain on the motor is great and a poor job of washing results. ☐
3. Don't plug in the washer when the agitator, wringer or spinner is in gear; a blown fuse may result. ☐
4. Have the agitator in motion when adding clothes to washer. ☐
5. Lift the removable agitator off the post after each washing. Clean lint and excess soap from the agitator shaft. Rinse out the tub and dry it thoroughly. ☐
6. Remove the wringer roll tension when it is not in use to prevent sticking and flattening rolls. Clean the rolls with a soapy cloth or noninflammable cleaning fluid. Distribute the clothes evenly over the whole length of the wringer rolls to keep the wear uniform.—GERALDINE DeVoe ☐

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I Insist on A. S. R.  
Surgeon's Blades!"**



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*and Handles*





# Meeting Today's Problems

**F**REQUENTLY these days we hear the question asked, "Where are we to get nurses to staff our civilian and Army and Navy hospitals?" It is a problem indeed.

Less frequently voiced but as vital to the success of our war efforts is the question: "Where are we to get dietitians and other food workers to assure proper diets?" Who can imagine patients doing without three meals a day?

Possibly because the hospital kitchen is remote in the physical plant, its problems are less apparent. Few but the dietitian and her assistants know the difficulties involved in carrying on in war times. There are fewer of them even, which makes the situation the more acute. Yet the patient's tray containing appetizing, healthful food served at the right temperature must reach him on schedule.

Never before has there been a greater demand for trained dietitians. During the first World War some 355 dietitians served with the Army. Today there are but 325 and the Army states that at least 400 more are needed. With the prospect of a long struggle ahead, we may have need for even more.

## Dietitians Must Teach

There is the civilian population, too, whose health and well-being must be closely guarded. Nutrition is the talk of the country. It is essential in building a strong nation, equipped physically to meet the demands of the future. In hospitals, schools—everywhere—there is increasing demand for knowledge about foods. Among her other duties, then, the dietitian must assume the rôle of teacher.

We should have learned much from the previous World War that might be applied to existing problems. Yet, in many respects conditions are different. We have heard much of the need of the dietitian

having military rank to accomplish what she is qualified to do, but experience has proved that without it she has made a place for herself. If she is truly an executive she knows how to get others to cooperate, how to lead. She recognizes that offering her own services is the most direct path to accomplishment, working step by step with others, using a little psychology.

## Training Volunteers

The same psychology is an essential in handling volunteers upon whom the dietitian must depend in greater measure as time goes on, also in handling untrained, paid workers whose services she must enlist, against her own good judgment, perhaps. She no longer has much choice. Patients must be fed.

Encouraging are the efforts of the Greater New York Dietetic Association in sponsoring refresher courses to bring its members up to date and to enable them to participate more intelligently in the work of nutrition teaching that is going on everywhere. Through the canteen courses offered by the Red Cross, increasing numbers of women are learning about quantity cooking and are acquiring a background that should enable them to assist in hospital kitchens. Just as some women have demonstrated natural aptitude in nursing care, so others are revealing inherent abilities and interest in food.

Whether she is trying to make a place for herself in the military ranks or to serve as captain over the ranks of lay workers who have enlisted for kitchen service for the duration, the dietitian must use all her knowledge of psychology. She must endeavor to dramatize the work, to portray the kitchen as a

factory with the same efficient methods employed. She must focus attention upon food costs, educating, always educating the public on the importance of maintaining nutritional standards.

The hospital dietitian in war time must maintain leadership, yet she must be ready to work with others in the ranks. There will come days when most of her time will thus be spent, for despite handicaps we must adhere as closely as possible to previous standards. It is poor economy to cut down on food. The institution with the reputation for serving good food will attract workers, particularly older men and women upon whom the dietitian must depend today.

## Study Market Trends

To maintain standards with costs rising constantly requires careful and constant study of market values. Crop conditions must be followed with close attention to the information contained in government bulletins. The Bureau of Labor Statistics in Washington has figures showing fluctuation in food prices. There is the possibility of help from the Surplus Marketing Administration. What foods are included on its lists and how can they be utilized to best advantage?

Menus must be more carefully planned to include cheap dishes prepared palatably. There is the vital question of substitutes. Where can broken eggs be used in place of those of first quality and can powdered milk be substituted for fresh milk at no sacrifice to nutritional requirements? What about butter substitutes fortified, for seasoning and in general baking? The dietitian has need of all the ingenuity she can muster to answer these questions sat-

isfactorily. She must also put her knowledge of nutrition into actual practice. If the hospital does its own baking, for example, she will make use of high vitamin yeast or buy enriched flour.

If lettuce is too expensive, there is nothing to do but use some other garnish for salads; chicory for example, or possibly romaine or water cress—whatever happens to be cheap. No use to think about fresh tomatoes and cucumbers when the market soars. Canned vegetables may have to be substituted for fresh. Coleslaw is an economical source of vitamin C, as are chicory, romaine and other types of greens. There is always the possibility, too, of using frozen foods, provided the price is in line with the budget. Which type of food is most economical from the standpoint of labor? Here is another question that deserves study.

Waste, that arch enemy of every dietitian in normal times, must be fought more persistently when restrictions become rigid. There is constant need to appeal to the patriotism of patient and employee in conserving sugar and other commodities. What dishwasher, if properly alert, will not discover sugar stuck to cups, proof that people do not stir as thoroughly as they might.

In some of the dining rooms in Montefiore two types of coffee are now being offered—with and without sugar. The sweetened coffee contains one teaspoon of sugar for each cup. In the wards it has become the practice to send up only one half pound of sugar per person per week. The situation is explained to the patients and their cooperation sought in saving sugar.

There are many ways by which sugar can be conserved in cooking, such as less sugar in the batter and less frosting on cake. It will not be missed either, if chocolate or a flavoring, such as ginger or some other spice, is substituted for plainer varieties. More liberal use of raisins, currants and nuts will help make up for the lack of icing. Essential items on the menu should be given first consideration, filling in as well as possible. If the coffee is good, for example, people will overlook other faults. But even coffee probably soon will be rationed.

As part of the war on waste, attention must be directed to the serv-

ing of tea. Unless the patient likes his beverage strong, there is waste in tea bags. If the daily consumption warrants, tea might better be brewed in an urn.

The patriotism of employees should be enlisted in self-rationing and in the avoidance of waste in every form—even to the maintenance of equipment in the best possible condition. Cooperation with the engineering department will help greatly.

This principle of waste saving, likewise, holds true in the handling of china and glassware. Too much emphasis cannot be laid upon the extravagances of waste, particularly with new help. This is not always the fault of the girl who is waiting on table for the first time. Adequate supervision may be difficult in such times as these, but possibly the help of some older employee

may be obtained in training the novice.

While these various efforts are being taken to make the best of a difficult situation, the educational program for dietitians must be maintained and encouraged. To make up for the large numbers of administrative dietitians who are entering government service and assuming posts of importance in the broader field of nutrition, properly qualified young women should be encouraged to consider dietetics as a career. Hospitals providing approved training courses should endeavor to enlarge their classes and there should be more hospitals qualified to offer such training. It is only through taking such steps now that hospitals can continue to maintain their food standards and to contribute to the health needs of the nation.

## *"I'm in the Army Now"*

(Excerpts from a letter received from an Army dietitian)

**A**LITTLE over a year ago I was appointed acting head dietitian of this hospital and given the duty of organizing its dietetic department. It had not previously utilized the services of a dietitian so there was no indication of a routine to follow. Accordingly, the opportunity to set up an organization without having to continue an established precedent was presented.

"We had a mess officer who was most cooperative and believed firmly in utilizing the services of a dietitian to the utmost. As he seemed to repose a great deal of confidence in me, he left much of the active supervision of the mess in my hands. I was accorded the utmost cooperation and support so that we were soon operating a smoothly functioning mess and one in which we could all take a great deal of satisfaction. We grew rapidly. We served 150 people on the first day and by the tenth day over 1000. At present we are operating three main kitchens and feeding approximately 2000 men.

"During the early period, we had no telephone service or the use of a truck so that for about a month we often used our personal cars to haul

food from the market, especially when we would hear that there were to be 150 more for the next meal. It was all such fun that I have said many times that the first week here was one of the most enjoyable I have ever spent. We worked long hours but the results obtained were worth our efforts.

"We are fortunate in that corps area headquarters has sent us five dietitians in all and we are now fully staffed; we supervise both the patients' messes and the detachment mess and have been able to assist in the training of many of the military personnel so that we have quite a cohesive organization. We all work together with a minimum of friction, which, before and since coming into Army work, I have heard exists between the dietitian and military personnel elsewhere.

"Because of my experience here, I feel that military status is not essential to obtaining full recognition for the dietitians in the Army but that the extent to which a dietitian's services will be accepted and utilized depends upon the personality and capacity of the dietitian herself and the attitude of the commanding officer."



# What to Do for Cooks

THE dietitian today faces a task from which she cannot turn away. Uncle Sam has intervened.

The armed forces of the United States are calling into service the men who have furnished the main supply of cooks for hospitals all over the country. There will be in each dietetic department a large turnover of personnel among whom will be the cooks, some of them members of the staff for several years. Many of them have been promoted through the ranks from vegetable men and meat cutter's helpers to vegetable cook, meat cook or, perhaps, even to chief cook, and their gradual loss leaves the dietitian with an entirely new set of help to train.

The young men and also the keen men are being pushed to higher positions. But the possibility of the men at hand must not be overlooked. They will do their best and they can be trained, but they must be helped in learning the kitchen routine and in mastering the technic.

## Develop Workable Plan

Dietitians everywhere are facing the same problem. Something must be done about this situation over which we have no control and which will grow greater as time passes. A workable plan for the food preparation section of the department can be developed so that the serving section, too, will correlate.

Most important is a work schedule for each cook, baker, meat cutter, their assistants, the mess attendants and other department personnel assigned to actual food preparation. In many hospitals these positions will be interworkable, the cooks assisting or doing the baking and the meat cutting. In these days when sugar, fats and oils and tin must be conserved, the baker is not so busy as he was previously; fresh and stewed fruits for desserts appear upon the menu instead of pastries. Therefore, the baker can be used in other food preparations, such as salads, fruits and vegetables.

Equally important is the time schedule, showing actual working time and weekly time off duty. This

*Now that selective service is depleting supplies of trained kitchen personnel*

ELIZABETH RUGH

Dietitian, Veterans' Administration Facility, Bronx, New York

is excellent for departmental morale, for cooks and other personnel have outside interests and would like to know how to plan their work hours and leisure time.

After working and recreational schedules have been outlined, instructions as to what is expected of the personnel are in order. If the hospital is not in a position to furnish uniforms, the dietitian should indicate how many will be required per week and where they may be purchased. Details of conduct and procedure while on duty must be worked out also.

How far in advance of a meal is the menu planned? On what days and at what time of each day are deliveries expected? To ensure the greatest cooperation for good food and for the practice of conservation, menus must be planned in anticipation of the cook's time off duty. His judgment upon the quality of several items of food that are on order is often valuable.

## Assemble Cook's Manual

What has been done to assist the cook in the preparation and cooking of food? Information essential to the proper preparation and cooking of foodstuffs should be readily available to him in the kitchen. A cook's manual worked up and developed by the dietitian to meet the needs of her particular department is invaluable.

A wealth of such information is available in every daily paper, every monthly magazine, whether hospital, hotel, food, equipment or scientific. In fact, in almost every paper and magazine published there is at least a column given over to recipes, cooking time and helpful hints. For

whom else are these things helpful if not for cooks?

The dietitian who forms a reading habit and clips what she thinks she can use, adjusting it to her needs, can arrange a serviceable manual. Material should be set up under such headings as soups, entrees (including meat, fish and poultry), potatoes, second vegetable, desserts, pastries, each group being arranged in alphabetical order.

This manual must be supplemented by a set of accurate and tried recipes. It is advantageous to work out recipes in portions for 50 or even in portions for 25 for use in smaller institutions.

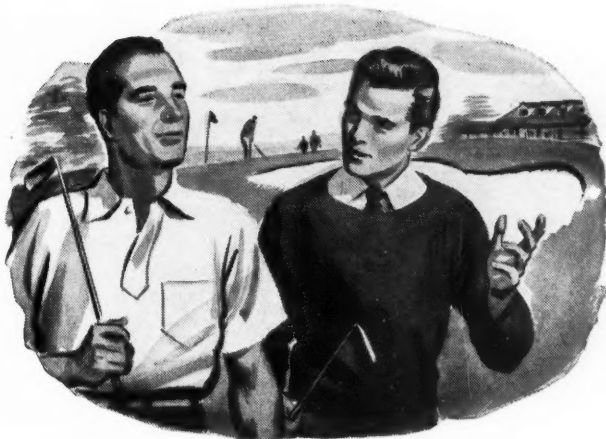
## Keep Manual Current

Having developed this manual, the dietitian will have started the foundation for a sound structural plan for instruction and guidance of personnel. It might be well, also, to remind the help that in this skeptical world each must prove his own worth.

With the daily change of available foods for use by the civilian population, the manual must be changed constantly to keep it current. For instance, recipes that call for sugar must be adapted to the use of honey, corn syrup, maple syrup, molasses or some other substitute. Coffee, tea and other scarce commodities must be replaced on menus by readily available products.

Menus should be checked twenty-four hours in advance of use. When the cook knows what the dietitian expects of him he will not fail her. Indecision is a kin of failure. If a cook is given responsibility, it fosters courage and self-confidence; he will meet the responsibility entrusted to him.





**Q.** Now, Doctor, from your point of view, just what is canning?

**A.** Well, to me canning is something more than just another method of food preservation; it is one of the important means whereby many foods essential for proper nutrition are made readily available to Americans in all localities during all seasons of the year. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

- 
- (1) 1939. The Canned Food Reference Manual, American Can Company, New York.  
 1938. Commercial Fruit and Vegetable Products, Second Edition, W. V. Cruess, McGraw-Hill, New York.  
 1937. Appertizing or the Art of Canning; Its History and Development, A. W. Bitting, Trade Press-room, San Francisco.  
 1936. A Complete Course in Canning, Sixth Edition, Press of "The Canning Trade," Baltimore.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

## RECIPES BY REQUEST

### Baked Beans (Fifty Servings)

- 6 pounds lima beans
- 2 pounds salt pork
- $\frac{3}{4}$  pound onions, sliced
- 2 ounces salt
- 1 tablespoon dried mustard
- 10 ounces brown sugar
- $2\frac{1}{4}$  quarts tomato purée, No. 10
- $3\frac{1}{2}$  quarts water
- $\frac{1}{4}$  cup light molasses

Pick over beans. Cover with cold water and soak overnight. Drain. Add fresh water; heat slowly to the boiling point, then steam. (To test whether beans are sufficiently steamed, remove a few and blow on them. If skins burst, steaming is complete.) Drain. Scald salt pork. Put  $\frac{1}{4}$  inch slices of pork and onions in the bottom of bean pots. Pour in beans. Cut remaining salt pork in  $\frac{1}{2}$  inch pieces and put into pots about  $\frac{1}{2}$  inch below surface of beans. Mix salt, dried mustard, sugar, tomato purée, boiling water and molasses together and pour over beans. Cook at 250°F., covered, from seven to eight hours. Uncover during the last hour of cooking. Size of portion,  $\frac{3}{4}$  cup. Total yield,  $9\frac{3}{8}$  quarts.

### Duchess Soup (Fifty Servings)

- 10 quarts milk
- $\frac{3}{4}$  cup onions, chopped
- $1\frac{1}{4}$  cups tapioca
- $1\frac{1}{2}$  tablespoons salt
- $\frac{1}{2}$  cup cheese, grated
- 1 cup parsley, chopped
- Celery salt, if desired

Scald milk and onions together. Add tapioca and salt and cook until tapioca is clear. Add cheese and cook until melted. Add parsley just before serving.

### Asparagus Loaf (Twenty-Five Servings)

- 3 No. 2 cans green asparagus tips
- 3 pimientos, cut in strips
- 15 egg yolks
- 6 tablespoons flour
- 3 tablespoons butter
- $5\frac{1}{2}$  cups milk
- 3 teaspoons salt
- $\frac{3}{4}$  teaspoon pepper
- 15 egg whites, beaten stiff
- 1 cup melted butter

Line greased shallow baking pan with asparagus tips garnished with pimiento strips. Beat egg yolks until

thick and lemon-colored. Add white sauce made of flour, butter, milk and seasonings. Fold in egg whites. Pour over asparagus, place the pan in hot water and bake in moderate oven (350°) forty-five to fifty minutes or until set. Pour melted butter over the top before serving.

### Spaghetti With Meat Balls (One Hundred Fifty Servings)

- 25 pounds hamburger
- 8 pounds spaghetti
- 6 cups bacon fat
- 12 large onions
- 3 No. 10 cans tomatoes
- 4 teaspoons black pepper
- $\frac{1}{4}$  teaspoon hot red pepper
- 1 cup sugar
- Salt to taste
- 12 No. 1 cans tomato paste
- 5 cups grated Parmesan cheese

Make hamburger into small balls and fry in two cups bacon fat or oil. Fry chopped onions in remaining fat and add tomatoes. Cook well, then add tomato paste and seasonings. Place fried meat balls in sauce and cook two hours. Serve over cooked, drained spaghetti. Sprinkle generously with grated cheese or serve cheese separately.

## "LEFTOVER" RECIPES

### Baked Rhubarb Pudding

- 10 pounds of rhubarb
- 2 to  $2\frac{1}{2}$  pounds of bread cubes
- 4 pounds sugar
- 12 ounces butter
- 2 tablespoons lemon juice

Wash rhubarb and cut into one half inch pieces. Then mix rhubarb, bread cubes, sugar and lemon juice together. Divide into two baking pans and pour melted butter over the top. Bake at 350° F. for one hour. Stir occasionally during baking to mix bread and juice so that the mixture will be the same throughout.

### Hot Ham Sandwiches (Fifty Double Sandwiches)

- $3\frac{1}{2}$  pounds, minced or ground, leftover odds and ends of cooked ham, including some fat
- 1 cup prepared mustard
- 100 slices of bread, either white or whole wheat
- 20 eggs
- 1 tablespoon salt

- $1\frac{1}{2}$  cups mayonnaise
- 2 quarts milk

Combine ham, prepared mustard and mayonnaise. Then spread on bread, allowing No. 30 scoop to each slice. Cover with second slice and press together. Beat eggs, milk and salt together to mix well and dip sandwich in egg mixture. Sauté to a rich brown in a little hot fat. Serve at once. Cole-slaw or an apple celery salad is excellent served with these sandwiches.—MAYME LEWIS, *Saginaw General Hospital, Saginaw, Mich.*

## FOOD FOR THOUGHT

### To Conserve Tin

• Eliminating smaller sized cans will result in a 7 per cent saving in tin plate, according to experts. Another factor in the conservation program as applied to tin will be the substitution of other packaging materials, when practical.

These rulings will affect in no way the No. 10 can for institutions, which holds between  $6\frac{1}{2}$  and  $6\frac{3}{4}$  pounds. Further savings will accrue from a thinner coating of tin on each can, the thickness being reduced by minimum quantities that can be applied by present tin plating processes.

To preserve properly those foods that require acid-resistant cans, such as puréed vegetables and certain fruits and berries, a slightly thicker can will be permitted. None of these restrictions applies to cans for foods for the Army or Navy or for lend lease shipment abroad.

### Fresh Foods for Canning

• One of the problems in the canning of fruits and vegetables is to get them from the farm while they are fresh. Margaret E. Kennedy, superintendent, Sanitarium of Paris, Paris, Tex., who contributed to the symposium on this subject that appeared under the title "Those Who Can, Can" in the April issue, emphasizes this point. One hour from the time they are picked, fruits and vegetables should be in the kitchen in the process of canning, she believes.

### Lists 75 Therapeutic Diets





• Publication of St. Luke's Dietary, 1942 edition, has been announced by St. Luke's Hospital, New York City, and is a result of three years of effort on the part of the dietary committee of the medical board. Embodying recent advances in the science of nutrition, it contains 75 different diets. The function of each diet is to fulfill the nutritional requirements of a particular disease or condition.

## The Chart below

shows the daily recommendations of calories, vitamins B<sub>1</sub> and C, made by the Committee on Food and Nutrition of the National Research Council. It also shows the percentages of these nutrients contributed by a 6-oz. serving of Dole Hawaiian Pineapple Juice

### FOR BOYS & GIRLS IN THEIR TEENS



<p>The left-hand column gives the recommended amounts. The right-hand column represents the percentages of the recommendations found in a 6-oz. serving of Dole Pineapple Juice.</p>		CALORIES		VITAMINS			
				THIAMIN B <sub>1</sub>		ASCORBIC ACID C	
		Recommended Nat'l Research Council Number	DOLE %	Recommended Nat'l Research Council Milligrams	DOLE %	Recommended Nat'l Research Council Milligrams	DOLE %
	13 - 15 Years	2800	4%	1.4	22%	80.	15%
	16 - 20 Years	2400	4%	1.2	25%	80.	15%
	13 - 15 Years	3200	3%	1.6	19%	90.	13%
	16 - 20 Years	3800	3%	2.0	15%	100.	12%
6 OZ. DOLE PINEAPPLE JUICE CONTRIBUTES		102 Calories		0.3 Milligram		12. Milligrams	

# DOLE Hawaiian Pineapple Juice

FROM  
HAWAII  
U. S. A.





# July Menus for the Small Hospital

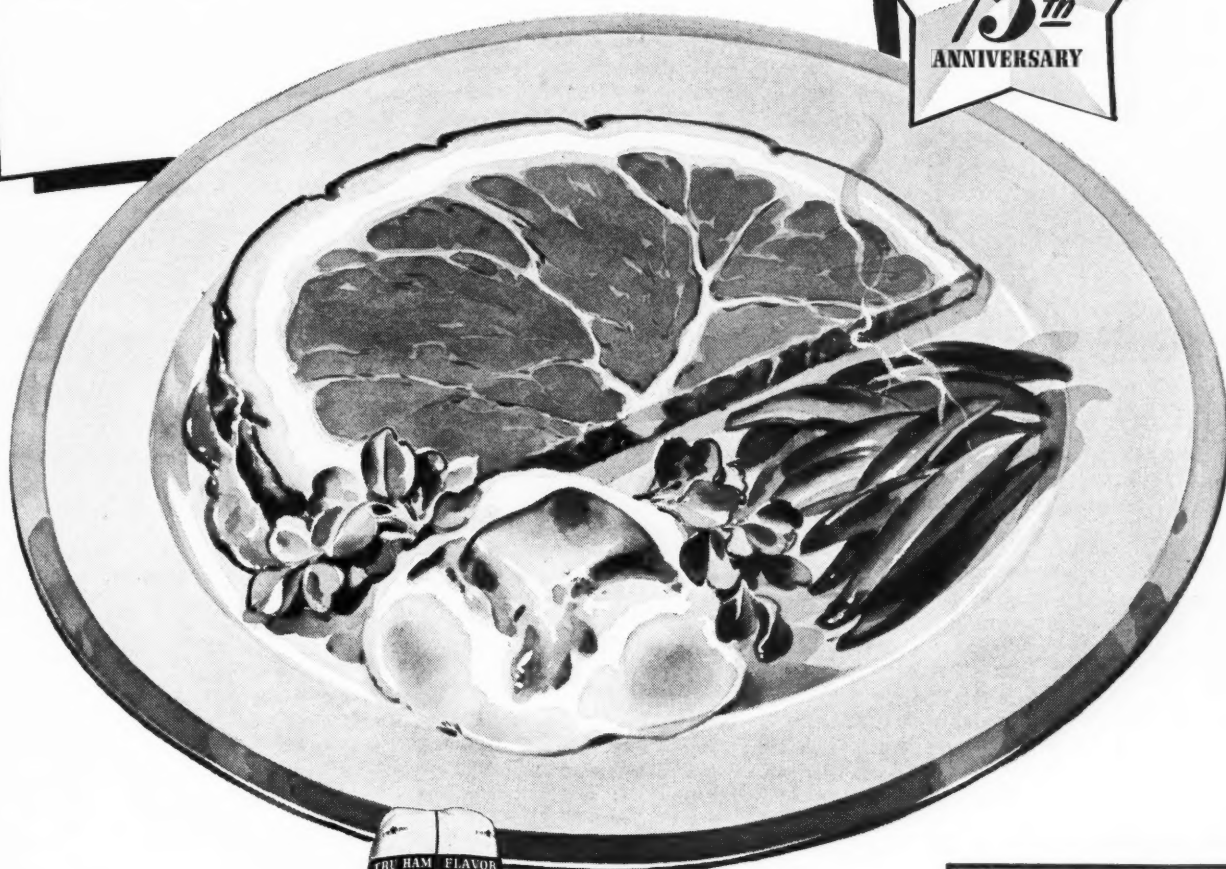
Evelyn Nutting

Dietitian, Highland Park Hospital, Highland Park, Ill.

BREAKFAST			LUNCHEON OR SUPPER				
Day	Fruit	Main Dish	Soup	Main Dish	Potatoes or Substitute	Vegetable or Salad	Dessert
1.	Orange Slices	Bacon	Julienne	Chicken Noodle Casserole	Date Muffins	Fruit Salad	
2.	Prunes	Soft Cooked Eggs	Consommé	Spanish Rice and Bacon		Lettuce, French Dressing	Peaches
3.	Sliced Bananas	Poached Eggs	Cream of Asparagus	Welsh Rabbit on Toast Points		Grapefruit and Watercress Salad	Ginger Creams
4.	Apricots	Scrambled Eggs	Tomato Broth	Salmon Loaf	Creamed Peas	Leaf Lettuce, French Dressing	Prune Plums
5.	Grapefruit	Grilled Ham	Cream of Mushroom	Cold Baked Ham	Hot Potato Salad	Canned Apricots	Chocolate Cake
6.	Figs	Poached Eggs	Chicken Noodle	Chicken à la King		Lime Gelatin and Pear Salad	Brownies
7.	Orange Juice	Coddled Eggs	Alphabet	Asparagus Timbales	Corn Sticks	Stuffed Prune Salad	
8.	Cantaloupe	Canadian Bacon	Cream of Pea	Baked Acorn Squash and Sausage		Applesauce	Oatmeal Cookies
9.	Grapefruit Juice	Shirred Eggs	Bouillon	Beef Roulettes		Fresh Fruit Salad	Molasses Cookies
10.	Applesauce	Scrambled Eggs	Clam Chowder	Vegetable Casserole		Pear and Cottage Cheese Salad	Ice Box Cookies
11.	Tomato Juice	Bacon	Vegetable	Omelet	Rye Melba Toast and Jam	Tomato Salad	
12.	Rhubarb	Soft Cooked Eggs	Mulligatawny	Assorted Sandwiches	Celery, Pickles		Royal Ann Cherries, Sponge Cake
13.	Orange Halves	Poached Eggs	Broth With Rice	Creamed Chipped Beef on Toast		Leaf Lettuce, French Dressing	Cantaloupe
14.	Prunes	Bacon	Cream of Corn	Vegetable Plate: Asparagus, Grilled Tomato, Baked Stuffed Potato		Bran Muffins	Cherry Tapioca
15.	Bananas	Scrambled Eggs	Chicken Broth	Chicken and Rice Casserole		Lettuce, French Dressing	Fruit Gelatin with Whipped Cream
16.	Apricots	Soft Cooked Eggs	Noodle	Hamburger Patties, Creamed Peas	Parker House Rolls		Prune Whip
17.	Orange Juice	Coddled Eggs	Alphabet	Beauregard Eggs on Toast		Mixed Vegetable Salad	Cup Cakes, Strawberry Icing
18.	Baked Apples	Canadian Bacon	Tomato Broth	Corn Pudding, Canadian Bacon			Fruit Cup, Vanilla Wafers
19.	Grapefruit	Shirred Eggs	Cream of Asparagus	Tuna Salad	Potato Chips, Whole Wheat Rolls	Pickle Rings	Peaches
20.	Figs	Poached Eggs	Julienne	Scrambled Eggs and Ham	Sweet Rolls	Shredded Lettuce and Tomato Salad	
21.	Sliced Oranges	Bacon	Cream of Pea	Chicken Soufflé, Mushroom Sauce		Celery Hearts, Olives	Watermelon
22.	Apricots	Coddled Eggs	Cream of Corn	Lamb Patties	Currant Muffins	Glazed Carrots, Tomato Slices	Ice Cream
23.	Banana Halves	Bacon	Alphabet	Creamed Fresh Asparagus on Toast		Banana and Nut Salad	Gingerbread
24.	Grapefruit Juice	Soft Cooked Eggs	Vegetable	Macaroni and Cheese		Lettuce, Russian Dressing	Rhubarb
25.	Rhubarb	Scrambled Eggs	Noodle	Creamed Sweetbreads on Toast		Tomato Aspic	Jelly Roll
26.	Cantaloupe	Grilled Ham	Cream of Celery	Cold Roast Beef	Baked Stuffed Potatoes	Stuffed Apricot Salad	Spice Cake
27.	Prunes	Coddled Eggs	Cream of Chicken	Poached Egg on Rusk, Hollandaise Sauce		Raw Spinach Salad	Chocolate Squares
28.	Orange Slices	Canadian Bacon	Scotch Broth	Italian Spaghetti With Meat Balls		Lettuce, French Dressing	Whipped Gelatin
29.	Applesauce	Poached Eggs	Cream of Mushroom	Chicken Salad	Hot Rolls	Pickles, Olives	Red Raspberries
30.	Tomato Juice	Soft Cooked Eggs	Vegetable	Cold Sliced Tongue	Blueberry Muffins	Potato Salad	Fruit Whip
31.	Grapefruit	Scrambled Eggs	Cream of Tomato	Toasted Cheese Sandwiches			Prune Plums, Cookies

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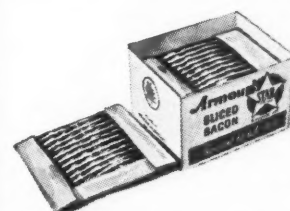
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# Hospital Management of Allergic Disorders

GILES A. KOELSCH, M.D.  
Mayo Clinic, Rochester, Minn.

FROM 10 to 15 per cent of the population of this country is suffering from some type of allergic disorder, it has been estimated. Admittedly few of these disorders are sufficiently severe to warrant treatment in a hospital, but many may need investigation from an allergic standpoint.

In the diagnosis of an allergic disorder, the carefully elicited history and the physical examination are of as great importance as in other medical problems. Next in diagnostic importance is the testing of cutaneous sensitivity to the various allergens. The modern hospital, therefore, should provide the facilities and personnel necessary for conducting such an investigation and for caring for those patients whose problem requires a period of observation and treatment in a hospital.

### Methods of Skin Testing

Cutaneous sensitivity to allergens is determined by one of three methods: (1) the scratch test in which a minute quantity of powdered material, the sensitivity to which is being tested, is placed on a short superficial scratch that has been moistened with a drop of tenth normal aqueous solution of potassium hydroxide; (2) the intradermal test in which 0.02 to 0.03 cc. of the proper dilution of the extract of the allergen is injected intracutaneously as superficially as possible, and (3) the patch test in which the material, the sensitivity of which is to be tested, is placed in contact with the skin and is held there for from twenty-four to forty-eight hours; this is removed sooner if a strongly positive reaction occurs.

For scratch and intracutaneous tests, the skin of the ventral surface of the forearms and thighs is usually

used. For patch tests, the skin covering the back of the thorax and lumbar region is used frequently.

How many allergens should the modern hospital stock for testing cutaneous sensitivity? The number of physicians limiting their practice to the diagnosis and treatment of allergic diseases is increasing steadily and these men have their own complete stock of allergens for skin testing. This fact would seem to make it less obligatory for the hospital to have an unlimited allergen supply.

My opinion is that the modern hospital should have in stock the common inhalant allergens, such as orris root, dog hair, cat hair, cattle hair, house dust, feathers, kapok, rabbit hair, horse hair and the pollens of trees, grasses and weeds likely to cause hay fever or asthma in the territory from which the hospital draws its clientele.

The results of skin tests with foods are notoriously inconclusive in most instances and it seems unreasonable that a hospital should be expected to have on hand an unlimited supply of foods for skin testing. If, in addition to the allergens suggested, a hospital stocks whole wheat, corn, rye, oats, rice, buckwheat, whole egg, beef, pork, lamb, chicken, peanut, cocoa, whole milk, potato, orange, cotton seed, flaxseed, karaya, pyrethrum and a few of the common molds, I believe that it will be equipped for the study of most of its allergic problems. Preparations of most of these allergens should be available for testing by both the scratch and intradermal methods.

### Testing Cutaneous Photosensitivity

The study of photosensitivity is essential to the acquisition of fundamental knowledge concerning certain dermatologic disorders, asso-

ciated with abnormal sensitivity to sunlight. McLoughlin and Krusen have described a method for studying cutaneous sensitivity. Basic facts to be established are whether an abnormal sensitivity to light exists and what fraction of the spectrum causes the abnormal sensitivity. The skin of the back, abdomen or forearm is used for testing. The portion to be tested is outlined with a pencil and adjacent skin is covered with towel-ing. One erythema dose of light is applied and the tested portions are examined one, four and twenty-four hours after exposure to the rays.

These investigators employ a carbon arc lamp equipped with "B" carbons to produce rays simulating sunlight. These include far and near ultraviolet rays, rays of the visible spectrum, near infra-red and some far infra-red rays. To eliminate those ultraviolet rays which produce sunburn, they cover the part of skin exposed to this source of light with a No. 774 Corning glass filter. To expose a portion of skin to the rays of the visible spectrum chiefly, they use the same source of light but cover the portion to be tested with a No. 396 Corning glass filter. To expose a portion of skin to near infra-red rays, they use a Mazda CX therapeutic heat lamp as the source of the rays, interposing a No. 255 Corning glass filter between the skin and the lamp. To expose the skin to far infra-red rays which are invisible, they employ as the source of this radiation a nonluminous coil type of infra-red burner. The authors concluded that the methods described offer a working basis for the continued study of disorders associated with photosensitivity.

### Use of Elimination Diets

Elimination diets can be of value in both the diagnosis and treatment of allergic disorders and the services of a dietitian are essential in the execution of the physician's dietary orders. There are different methods



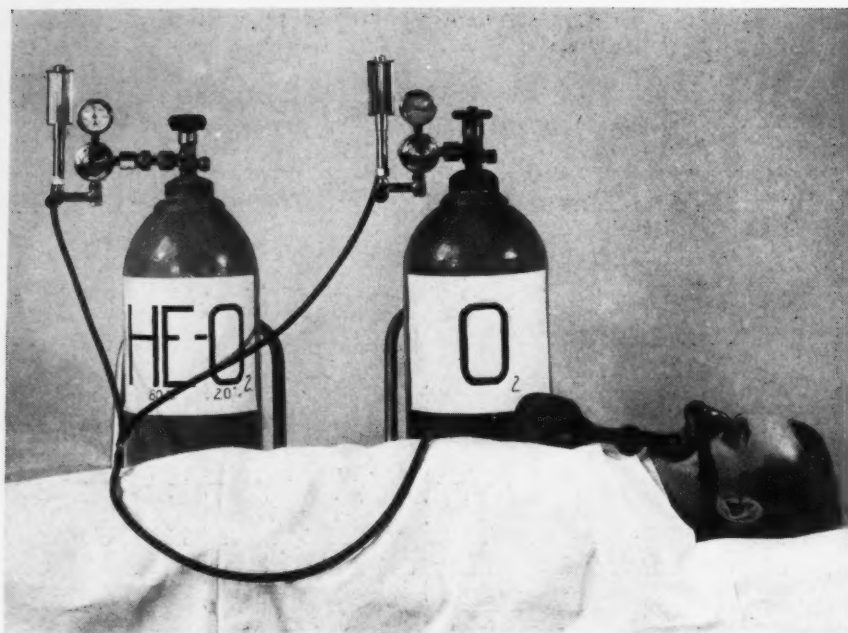
# HERE'S THE "Box Score" ON THE SULFONAMIDES

	Sulfanilamide	Sulfapyridine	Sulfathiazole	Sulfaguanidine	Sulfadiazine
Structural Formula and Chemical Name	$\text{H}_2\text{N}-\text{C}_6\text{H}_4-\text{SO}_2\text{NH}_2$ Para-amino-benzene sulfonamide	$\text{H}_2\text{N}-\text{C}_6\text{H}_4-\text{SO}_2\text{N}-\text{C}_5\text{H}_4\text{N}$ 2-sulfanilyl aminopyridine	$\text{H}_2\text{N}-\text{C}_6\text{H}_4-\text{SO}_2\text{N}-\text{C}_4\text{H}_3\text{N}_2\text{S}$ 2-sulfanilyl aminothiazole	$\text{H}_2\text{N}-\text{C}_6\text{H}_4-\text{SO}_2\text{N}-\text{C}(=\text{NH})\text{NH}_2 \cdot \text{H}_2\text{O}$ Sulfanilyl guanidine monohydrate	$\text{H}_2\text{N}-\text{C}_6\text{H}_4-\text{SO}_2\text{N}-\text{C}_4\text{H}_3\text{N}_2$ 2-sulfanilyl aminopyrimidine
Solubility mg. in 100 cc. H <sub>2</sub> O at 37.5° C and pH 7.1 (Acetylated Comp.)	1480 (534)	54 (16)	96 (6)	220 (40)	12.3 (Approx. same)
Absorption after single large initial dose	Relatively uniform and rapid	Irregular and often poor	Fairly uniform, very rapid	Some absorption; tends to remain in intestinal tract	Relatively uniform and rapid
Distribution	In all body fluids	In all body fluids	In all body fluids, <i>except</i> cerebro-spinal	Present in body fluids—but not reported in cerebrospinal	In all body fluids
Excretion	Rapid	Slow	Moderately rapid	Absorption limited	Slow
Relative incidence of crystals in urine	Rare	Very marked	Frequent	Not uncommon	Rare
Characteristic side effects					
Nausea, vomiting	Fairly common	Frequent	Uncommon	Rare	Rare
Drug Rash	Occasional	Occasional	Frequent	Rare	Rare
Cyanosis	Very common	Faint cyanosis common	Uncommon	Not reported	Rare
Conjunctivitis	Not reported	Not reported	Occasional	Reported	Rare
Anemia	Not reported	Rare	Rare	Not reported	Not reported
Fever	Frequent	Occasional	Frequent	Rare	Rare
Acute hemolytic anemia	Occasional	Rare	Not reported	Not reported	Not reported
Hematuria	?	Frequent	Frequent	Not reported	Rare
Leukopenia	Frequent	Frequent	Occasional	Not reported	Rare
Hepatic damage	Frequent	Rare	Rare	Not reported	Not reported
Headache and dizziness	Frequent	Frequent	Rare	Not reported	Rare
Relative cost	1	4.1	2.1	6	6.2
Chemotherapy					
Colon Bacillus (E. Coli)	II		I	E (Gastro-intestinal)	E
Dysentery Bacillus			II	I	
Gonococcus		II	I		
Friedlander's Bacillus		I			E
Lymphogranuloma venereum	I		II		E
Meningococcus	I	II			E
Pneumococcus		II (adults)	I (children)		I (adults)
Staphylococcus		II	I		E
Streptococcus Hemolytic	I				E
Trachoma	I				E
How supplied by Squibb					
Tablets	5 grain in bottles of 100, 500, 1000 7½ grain in bottles of 100, 1000	0.5 gram in bottles of 50, 100, 1000	1 grain in bottles of 100, 1000 0.5 gram in bottles of 50, 100, 500, 1000	0.5 gram in bottles of 50, 100, 1000	0.5 gram in bottles of 50, 100, 500, 1000
Powder	4 oz. Rx. bottle 1 lb. bottle	5 gram vials	4 oz. Rx. bottle	3.5 gram envelopes in packages of 12; 4 oz. and 1 lb. bottles	5 gram vials
Crystals	1.0 gram ampuls, box of 5 and 25		5 gram vials		
Capsules		0.25 gram in bottles of 50			

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Patient wearing B.L.B. inhalation apparatus with nasal type of mask. In the background is a cylinder containing a mixture of helium (80 per cent) and oxygen (20 per cent). Beside this is another cylinder containing pure oxygen. A "Y" connection unites the flowmeters,<sup>22</sup> which record volume of flow.

of approaching the dietary management of allergic diseases.

If the physician suspects that the patient's symptoms are caused by an allergy to food, even though the skin tests give negative results and the patient knows of no food the ingestion of which promptly provokes his symptoms, the physician may prescribe a diet containing one meat, one cereal, one fruit or vegetable and one beverage. Foods used in the trial diet are those to which sensitivity is rarely exhibited.

If the patient's symptoms disappear after a few days of strict adherence to this diet, other foods are added, one every one or two days. If no exacerbation of the patient's symptoms occurs within twenty-four hours after the addition of a new food, it is left in the diet. If the symptoms reappear after the addition of a food, it may be assumed that the patient is sensitive to that food. If the same result is obtained after a few trials, that food should be eliminated from the diet. A patient should not be kept on a strict elimination diet for more than from seven to ten days at a time because of the risk of dietary deficiencies inherent in such a diet if continued for a long period. Alvarez has advocated one containing rice, lamb, canned pears, butter and sugar; the only beverage permitted with his diet is water.<sup>1</sup>

Another method of outlining the

patient's dietary program is to base the planning on the patient's observation and on the results of the skin tests to the foods. For example, if the patient has demonstrated to his satisfaction that he has asthma within six to twelve hours after eating chicken, strawberries, milk or chocolate, these foods, together with those giving positive cutaneous tests, should be eliminated from his diet. If the resulting diet is adequate for proper nutrition, it can be adhered to indefinitely and no doubt it will be if the symptoms of asthma also disappear.

Some allergists plan the elimination diet on the basis of studies with the leukopenic index. This test postulates that a decrease of 1000 or more in the leukocyte count of an individual after the ingestion of a food indicates allergic sensitivity to that food.<sup>2</sup> Inasmuch as it is believed at the Mayo Clinic that it is impossible to count leukocytes consistently without as much variation in the counts as is considered to indicate food sensitivity based on the leukopenic index, this test is not employed there in planning elimination diets.

#### **Patients May Be Desensitized**

The most logical way to treat a patient who is allergic to something with which he comes in contact is to eliminate contact with that substance from his environment or food. If

this is impossible or impractical, the physician may attempt to desensitize the patient to the offending allergen. Allergens to which patients are desensitized more frequently include the various pollens, house dust, orris root, molds and animal danders. Desensitization to cotton seed, flaxseed and fish is not carried out frequently because of the danger of constitutional reactions.

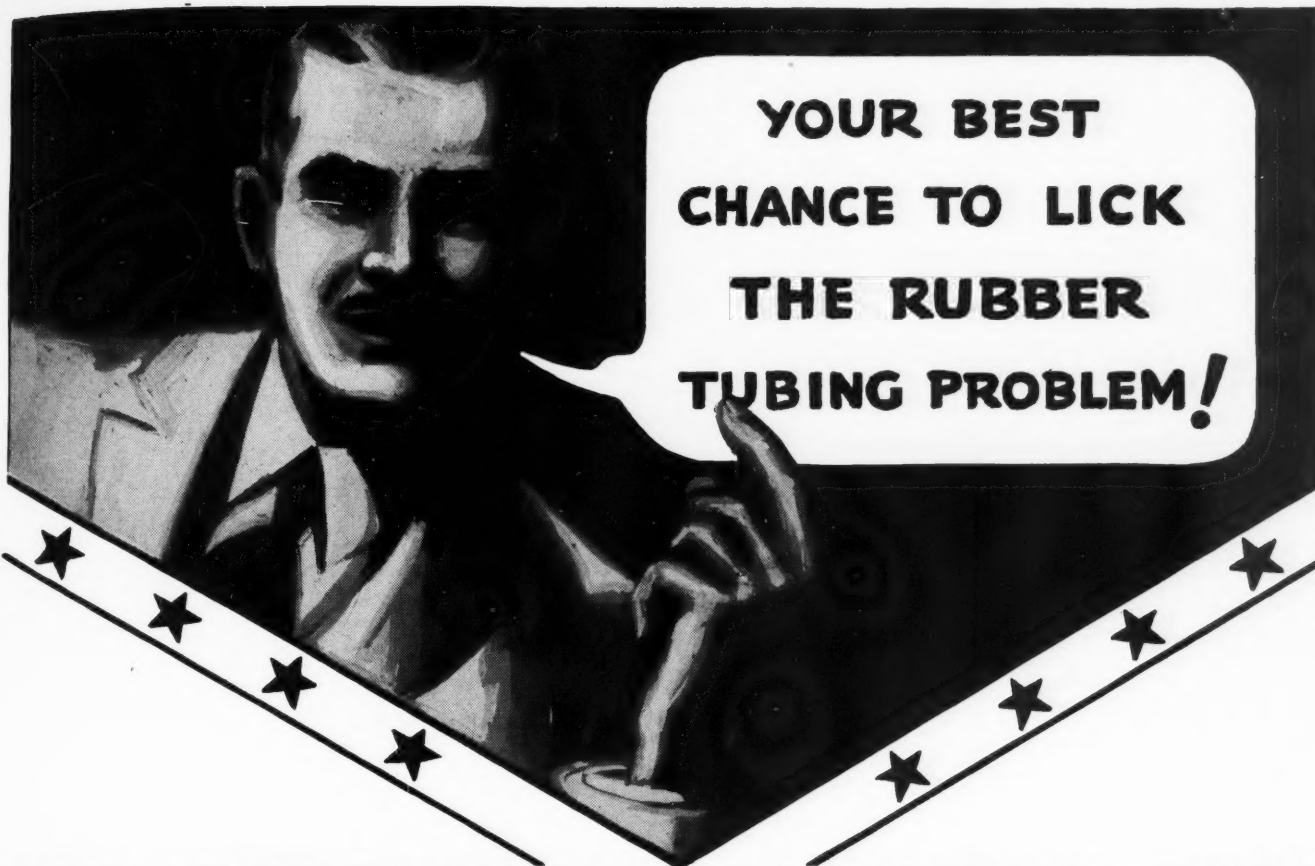
#### **The Allergen-Free Room**

The allergen-free room has a dual field of usefulness in the management of asthma, hay fever and vasomotor rhinitis. In the first place, the patient may be placed in an allergen-free room as a diagnostic procedure. For example, the physician may suspect that something in the patient's environment is responsible for his asthma, yet skin tests may give negative results and there may be no clue from the history as to what the offending allergen is.

If the patient's symptoms subside within from twelve to twenty-four hours after he is placed in the allergen-free room, it is probable that something in his usual environment is responsible for his symptoms and his environment should be studied further. If his symptoms do not subside promptly, a search should be made for intrinsic factors, such as chronic bronchitis, bronchostenosis, bronchogenic carcinoma or disease of the paranasal sinuses, as possible causes of the patient's asthmatic symptoms.

In the second place, the patient may be placed in the allergen-free room as a therapeutic procedure when it is known that the cause of his asthma is some definite air-borne allergen. For example, a patient whose asthma is known to be caused by sensitivity to feathers and dust is brought into the hospital for treatment of status asthmaticus. The allergen-free room will aid materially in shortening his attack.

Another example that may be cited is the case of a patient who suffered from seasonal asthma and hay fever caused by sensitivity to ragweed. This patient was found to have a carcinoma of the colon and required surgical treatment during the ragweed season. Keeping the patient in an allergen-free room lessened appreciably the surgical risk and facilitated greatly the manage-



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ment of his allergic problem during the operative period.

The preparation of an allergen-free room is not particularly difficult and many modern hospitals have a few of these rooms. The installation of a pollen and dust filter in one window will help in keeping a room free of allergens in the absence of air conditioning. The walls of such a room should be plastered, painted and kept free of decorations that are hung. The floor should be waxed and covered with nothing except small washable rugs. The mattress should be covered with rubberized sheeting. Blankets should be well washed and smooth and free from lint. An air pillow is preferable. No stuffed quilts should be used on the beds.

Overstuffed furniture, heavy draperies and sofa pillows also are taboo. The chair should be constructed of wood or metal and should be of simple design. Before the patient is placed in the room, the walls and floor should be thoroughly cleaned and scrubbed, and the furniture, including the bedstead, should be wiped clean with an oiled cloth. The windows and doors of a room thus prepared should be kept closed tightly and if a pollen filter is put in a window, it should be sealed with adhesive to the window casing below and on the sides and to the window resting against it from above.<sup>5</sup>

### Gas Therapy for Asthma

The use of helium and oxygen in the treatment of severe and intractable asthma was first suggested by Barach<sup>3</sup> in 1934. In 1935 Maytum, Prickman and Boothby reported its use with good results in four cases of intractable asthma. In 1938 Maytum considered it to be one of the most valuable treatments available for status asthmaticus.

The molecular weight of nitrogen is 28, that of helium is 4; hence, helium is seven times lighter or "thinner" than nitrogen. A mixture of helium (80 per cent) and oxygen (20 per cent) is three times thinner than atmospheric air; thus, it can pass through spastic and edematous bronchi much more readily. Furthermore, the rate of diffusion of helium is 2.7 times that of nitrogen. In the aeration of the lungs, the rate of diffusion of the gas mixture inhaled is of much greater importance than

the mechanical movements of the thoracic wall and diaphragm. The greater the rate of diffusion, the more efficient is the process of aeration.

The equipment the modern hospital should have in order to administer effectively and economically inhalations of oxygen and helium includes a cylinder containing a mixture of helium (80 per cent) and oxygen (20 per cent), a cylinder containing 100 per cent oxygen, flowmeters and reducing valves, Y connection and rubber tubing and the B.L.B. mask.<sup>4</sup> The proper arrangement of this equipment is shown in the accompanying illustration.

The treatment of status asthmaticus is started with inhalations of gas from the tank containing 80 per cent helium and 20 per cent oxygen. As the patient's respiratory embarrassment lessens, pure oxygen from the other tank is added to the gas mixture in amounts sufficient to give the patient the maximal comfort. Enough of the mixture should flow into the reservoir-rebreathing bag so that it is not completely emptied with each inspiration. Boothby<sup>4</sup> has estimated that after three to four hours of such treatment, the patient's consumption of the gas mixture will be between 6 and 9 liters per minute. The volume of gas coming from each tank is registered on the flowmeter attached to each.

For inhalation purposes, the source of helium should be always a tank containing a mixture of oxygen and helium (at least 20 per cent oxygen) and never one containing helium alone. If the latter were ever used, there is a possibility that at some time a patient might accidentally be given gas just from the tank containing helium. If this happened, death would result in a few minutes from asphyxia, just as it would occur if a person were to breathe pure nitrogen.

The oxygen-helium mixture and the 100 per cent oxygen should be purchased in the large sized cylinders. The cost of these gases when purchased in small cylinders is four or five times that of the gases purchased in large cylinders.

The quality of the vocal sounds is altered while a person inhales a gas mixture containing helium. The voice becomes high pitched. This abnormal quality disappears as soon as the individual breathes atmo-

spheric air. The patient should be informed of the change that will take place in his voice before the inhalation of the gas mixture is started else he may become apprehensive about it and this, in turn, may make the control of his asthma more difficult.

The B.L.B. mask,<sup>6,7</sup> aside from its military application, is a most important device for making possible the economical administration of therapeutic gases, such as oxygen and helium. Either the nasal or oronasal type can be employed, although for the patient who is acutely ill and is not able to cooperate well, the oronasal type is preferable. The B.L.B. mask, which has a low initial cost and low cost of maintenance, makes possible the efficient and, therefore, economical use of oxygen and helium, and its mechanical simplicity makes possible its extensive use in hospitals and even in patients' homes.<sup>8</sup>

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From a woodcut of Albrecht Durer  
(1471-1528) representing the first appear-  
ance of syphilis in Nuremberg in 1495.

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1. Levin, E. A. & Keddie, Frances: *J.A.M.A.* 118:368, 1942

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# CLINICAL BRIEFS

Conducted by E. M. Bluestone, M.D.

## Photographing the Bladder

In the *Journal of Urology* for February, Dr. Lowrain E. McCrea describes a camera and cystoscopic-telescopic lens system he has devised that is suitable for intravesical photography. The camera is of reflex design, so that the interior of the bladder can be observed until the time of actual photography. The lens system remains in constant focus and is arranged to lock into the cystoscopic sheath. A standard cut film sheath is used. The author points out the several advantages of a photographic record over artists' reproductions or verbal description.

This is a valuable device for research and for the patient's record but it is still somewhat expensive.—S. F. WILHELM, M.D.

## Organizing Medical Research

"Although there is justification for the saying that we are living in the Golden Age of Medicine, there is still much room for improvement in the organization that makes research possible," says Dr. W. W. Walther in "Future of Medical Research." The article appeared in the *Lancet* of Dec. 27, 1941.

Much time may be spent in reading through the literature to find at the end of weeks of labor that someone else has worked out the same problem—and failed to get immediate recognition. On the other hand, some subjects attract attention and lead to a flood of similar articles and case reports, much greater than that which is required to prove the truth of the original. The problem of research and publication is further complicated by the desire to appear in print, which may be necessary to obtain personal recognition.

Although many investigators prefer to choose their own subject, it is probable that under a competent authority most of them would be prepared to work at some set problem either singly or as members of a team.

The criticism of modern research falls under three heads: inadequate endowment, lack of organization and failure to get the results embodied into practice in a reasonable space of time.

For the proper organization of research, some central body would have to be set up. This body would be equipped with an adequate library and with a staff, the duties of which would include preparation of abstracts of all that is known on particular subjects in any language. In addition, these workers

should be capable of giving information on any subject to any medical practitioner who asks for it. All research work, both current and projected, would have to be registered with the bureau, which would then be able to prevent redundant work. It could also apportion work to the best advantage and organize teams of general practitioners to use available laboratory facilities. The results obtained would be examined immediately and checked when necessary. Finally, they would be written up by an editorial staff, in the best fashion.

The rapid dissemination of the work to practitioners would be the last and most important duty of the bureau. New methods of approach, such as loose-leaf supplements to a standard textbook, could be used. These texts would cover all subjects, be kept up to date and be sent free to the medical profession, including students.—L. TARR, M.D.

## Air Raid Medical Administration

Dr. Huntington Williams was a member of the American Civil Defense Mission sent to Britain in July 1941 by the Office of Civilian Defense. He describes in the February issue of the *American Journal of Public Health* the close coordination among the police, fire, medical, billeting and other branches of the air raid precautions department. He points out that a "blitz" is aimed at destroying the morale of the people; civilian defense tries to preserve that morale. Thus, a bombing is called an "incident" for the psychological value of the term. The incident doctor, a private practitioner called by the local air raid warden, not only renders medical service but is invaluable from the point of view of morale.

Plans for organization of emergency medical service must be flexible and must be based on the theory of mutual aid between communities. Policies of evacuation are difficult to establish, e.g. movement of children from urban centers to rural areas involves many complicating factors. Transportation facilities include ambulance trains, buses reconditioned for ambulance service and ordinary trucks equipped for stretcher patients.

Government and voluntary hospitals in England were unified under a sector chief for administrative economies. First-aid, nursing, medical and ambulance personnel in the A.R.P. is largely on part-time schedules and part-time pay. Costs are borne by the national govern-

ment through grants to local communities. Research in defense problems is encouraged.

Public health services have been handicapped by the pressure of defense needs. Many children did not receive inoculations against communicable diseases; much milk went unpasteurized; tuberculosis and syphilis rates mounted. To combat fatigue and malnutrition, the government gives subsidies for milk and for bread enriched with the entire vitamin B complex.

The author concludes with a special tribute to the outstanding services rendered by British women in all fields of civilian defense.—E. L. DEMUTH, M.D.

## Antiseptic Solutions

The effect of using the disinfectant zephiran (alkyldimethylbenzylammonium chloride, a cationic detergent) in wash basins in operating rooms was studied in 22 random cases of various surgical procedures at New Haven Hospital, New Haven, Conn., and reported by Poppe in the January issue of *Archives of Surgery*. One cc. of fluid was removed from wash basins in each case, poured with 10 cc. of melted beef in fusion agar and incubated at 37° C. for forty-eight hours. Zephiran was used in basins in five cases (23 per cent) and from none of these were viable bacteria cultured. In 76 per cent of cases without antiseptic solution in basins, sufficient viable bacteria were cultured to be a definite hazard to aseptic technic.

The author estimates the cost of supplying sufficient zephiran for a busy operating room to be \$10 a day. He concludes that an antiseptic solution should be placed in wash basins for at least all major abdominal operations.—W. R. WASSERMAN, M.D.

## Care of Eye Wounds

The first part of Doherty's article in the February *American Journal of Ophthalmology* discusses the mechanism of certain ocular lesions and is of interest only to the ophthalmologist. The discussion of the immediate treatment of war wounds about the eye and orbit is timely for hospital people and is outlined extensively.

In first-aid stations, the treatment should be simple; flush the wound, apply iodine, give antitetanic serum. When exophthalmos is present, protect the cornea by instilling bichloride of mercury ointment in the cul-de-sac and if necessary suture the lids with one or two sutures; then apply a dressing. The sutures should be placed in the intermarginal area of both lids so as not to rub on the cornea.—B. S. KRAMER, M.D.

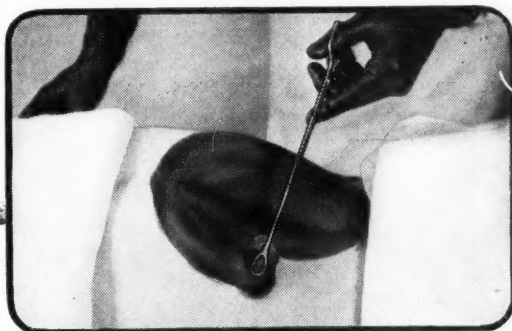


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# NOTES AND ABSTRACTS

Conducted by Carl C. Pfeiffer, M.D., F. F. Yonkman, M.D.  
Arnold J. Lehman, M.D., and Harold Chase, M.D.

## New Emergency Drugs

This timely topic warrants further discussion, despite two previous presentations concerning drugs of this type. Many new drugs have been developed to provide for certain emergencies; likewise, new indications have been found for some of our long-known but little used agents. Some of the latter had been so infrequently employed that they were practically relegated to the position of relics of the past but now again enjoy a wave of popularity justified not only by experimental laboratory proof but by excellent clinical results.

### Antidotes

- One of these older drugs is picrotoxin, the active principle of *Cocculus indicus* grown in the East Indies, which, Maloney of Howard University demonstrated, has pronounced antidotal properties in poisoning produced by barbituric acid derivatives. While working with Doctor Tatum at the University of Wisconsin, Maloney observed that picrotoxin, as well as other stimulants of the central nervous system, antagonized the depressing effects of barbiturates administered in toxic doses to various types of animals.

This discovery was soon put to clinical application by Doctor Arnett of Philadelphia in 1933, when, in combination with 0.05 gm. ephedrine, 1.3 mgm. picrotoxin restored to normal a four year old child who had swallowed approximately 0.4 gram of amytal. Other cases of recovery quickly followed so that now treatment has been well standardized.

Successive injections of 3 mgm. of picrotoxin (fresh) are usually given intramuscularly until skeletal muscle tremors or twitchings are observed; injections are repeated only when such movements have ceased. Modified treatment includes a slow intravenous injection of a 1:1000 solution of picrotoxin, 1 mgm. per cc. per minute. Increase in muscular twitchings and respiratory rate serve as criteria for amount and rate of intravenous treatment.

Other analeptics or central nervous system stimulants employed to counteract barbiturate depression include metrazol, coramine and strychnine. The late Dr. Soma Weiss reports a case in which a woman received 171 mgm. of strychnine intravenously in four and one half days to recover from 4.75 gm. of phenobarbital. With the high incidence of barbiturate poisoning, accidental or in-

tentional, the value of this emergency type of treatment gains appreciation.

### Barbiturates as Antagonists

- Conversely, barbiturates become valuable antagonists in severe convulsive states such as occur in eclampsia and certain drug poisonings, especially in strychnine toxicity. Kempf and his associates in Indianapolis demonstrated in 1933 the value of sodium amytal, a barbiturate, in patients convulsing from strychnine. Intravenously, 7.5 grains produced immediate arrest of the convulsive seizure and protected most of their patients for hours, with repeated treatment until recovery when necessary.

In eclampsia, barbiturates are of great value in controlling hyperexcitability. As auxiliary treatment, other agents may be used. Nicodemous of Danville, Pa., recently reported the use of oxygen inhalations in 13 eclamptic patients without maternal mortality and with the delivery of nine normal live babies. Bryant and Fleming of Cincinnati, among other agents in their regimen of therapy, employed the old-fashioned stand-by tincture of veratrum, which effects a drop in blood pressure by slowing of the heart and by dilatation of blood vessels. Judiciously used under close observation this drug is slowly regaining its former popularity to "soften the pulse."

### Analgesics

- The war will demand many emergency drugs, especially for the treatment of pain, hemorrhage, shock, burns, infections and probably war gases. In the presence of a limited supply of morphine, other analgesics must be anticipated. Recent studies with some of our associates at Detroit Receiving and Eloise hospitals, as well as similar studies of other groups, notably at Bellevue Hospital and Lexington, Ky., indicate that demerol, a synthetic compound, may gain a valuable niche in the analgesic compartment of our therapeutic armamentarium. It can be synthesized from available chemicals, produces moderate to marked euphoria, is analgesic for many severe pains, including renal and biliary colic, has a wide margin of safety and is practically nonaddicting except in very large doses given over a long period of time, e.g. 2 to 3 gm. parenterally per day for eight to ten weeks or more. Addiction to demerol, if established, seems to be much more readily broken than addiction to morphine, codeine or

cocaine. Our studies to date indicate that the constipating features of morphine are not associated with demerol therapy and its other desirable features may well lessen some concern over our diminishing morphine supply.

### Blood Banks

- Hemorrhage can be better corrected today than formerly because of blood banks now being set up by many hospitals and by Red Cross chapters under medical supervision. Hospital experiences with this procedure warrant pooling of matched bloods stored with sodium citrate and sodium sulfathiazole to prevent clotting and to assure sterility. This "canned blood" affords a readily available supply to correct blood loss in severe hemorrhage.

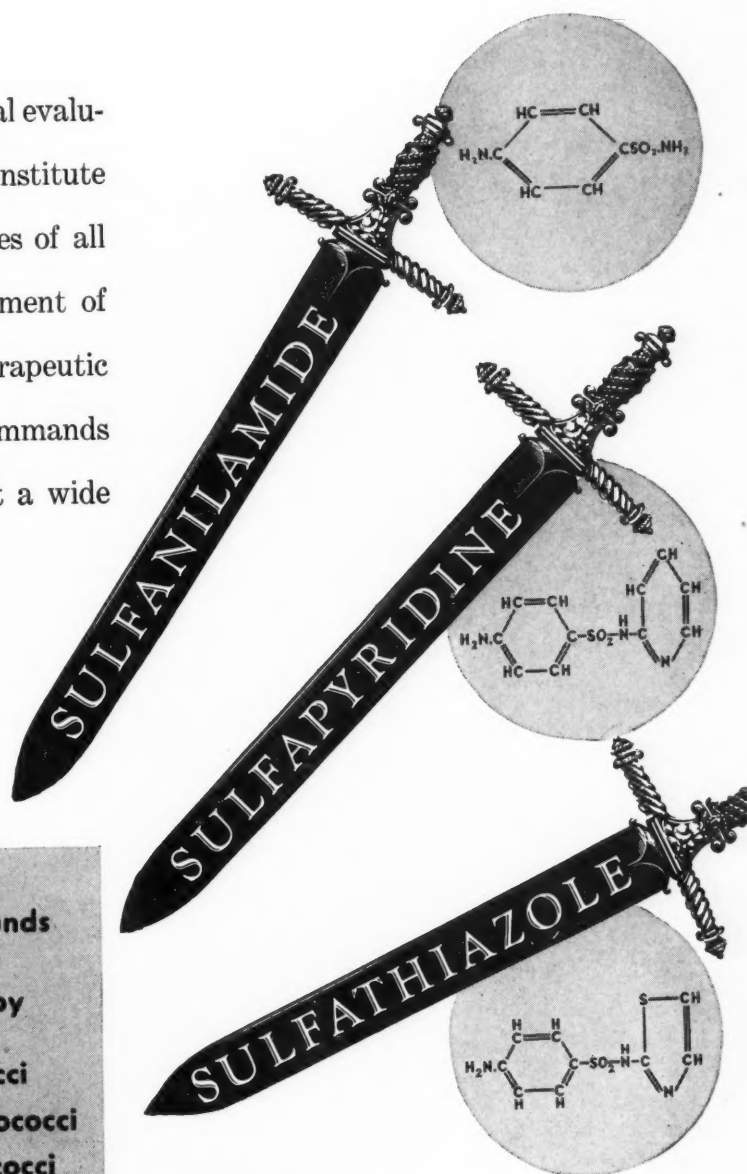
In some patients suffering from shock, plasma alone may be indicated, in which case previously desiccated plasma, which is convenient to store and transport, may be dissolved in appropriate amounts of water or salt solution and injected to restore blood volume preoperatively or postoperatively. Better preoperative and postoperative treatment, including restitution of blood volume and substituents, chemotherapy with sulfonamides, speed of treatment and other accepted procedures, according to Dr. John J. Moorehead of New York, accounted for the low mortality rate of 3.8 per cent of the patients wounded at Pearl Harbor in the holocaust of December 7.

Burns are becoming more numerous daily and there is every reason to anticipate an increment in the number of these cases. Early and proper treatment promises better results. Aqueous 10 per cent tannic acid followed by 10 per cent silver nitrate sprayed on the wound forms a fine protective eschar. More recently, the sulfonamides have been sprinkled on the wound before "tanning." This type of therapy may be enhanced by the application of 5 per cent sulfanilamide and 10 per cent tannic acid dissolved in propylene glycol which allows tanning, bacteriostasis and a less friable protective coating of the burned area since propylene glycol tends to soften the eschar. The solution can be sprayed on if not too fine an atomizer is used; a fly-sprayer serves the purpose very well in applying this solution over the larger areas. Kept in amber colored bottles or unexposed to light these solutions remain stable and active.

The protective film produced by this antiseptic tanning solution followed by silver nitrate prevents fluid loss from the injured area and infection of the damaged tissue, the two chief hazards associated with extensive second and third degree burns. Emergency treatment of burns is mandatory for satisfactory results.—FREDERICK F. YONKMAN, M.D.

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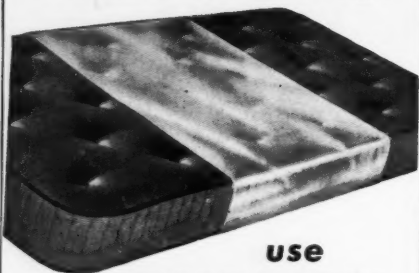


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## News in Review

### Sweeping Regulation Places Ceiling on Retail and Wholesale Commodities

By EVA ADAMS CROSS

Washington Representative, The MODERN HOSPITAL

To halt the fast rising cost of living, Price Administrator Henderson recently issued a sweeping order, the General Maximum Price Regulation, to place an over-all ceiling on thousands of commodities and services used by both hospitals and the public.

A number of separate ceilings of interest to hospitals were issued pegging prices at levels other than March. Among these are: bituminous coal (producers); solid fuels, except wood; paper, its products and raw materials (manufacturers), and a special type of light-weight bed linen (manufacturers).

Maximum Price Regulation 118, effective May 4, brought under regulation such important finished textiles as blankets, towels, bedspreads, gingham, tablecloths and napkins, diapers, cottonades, whipcords, flannels and chambrays. Among numerous "unfinished" goods covered are wide goods of 42 inches and over, industrial fabrics, ducks, shirting, twills and drills, sateen, gabardine and reps.

Among items covered by Maximum Price Regulation 116 are dinnerware sets, cups, saucers, bowls, plates, dishes, cream pitchers, cooking and baking dishes and refrigerator jars.

Temporary Price Regulation 19, effective April 22, fixed for sixty days maximum prices at which manufacturers can sell oil paints and varnishes. The prices temporarily established were those which prevailed on April 12.

Specific "cents per pound" maximum prices have been established for various

grades and qualities of actual spot cottonseed oil. Ceilings have been set on the same commodity for future delivery on the organized exchanges at the identical price level. These moves were concentrated in Amendment 1 to Revised Price Schedule 53 (Fats and Oils).

### Medical Corps Must Be Doubled This Year, War Department Announces

WASHINGTON, D. C.—The Army Medical Corps will be approximately doubled to meet the demands created by the proposed expansion of the Army to 3,600,000 men this year, the War Department announces.

Of the physicians sought 80 per cent are to be under the age of 37 years, while 20 per cent will be from the age group 37 and 45, inclusive. Men in the older age groups will be specialists.

The Procurement and Assignment Service is cooperating with the surgeon general's office in obtaining 16,000 physicians, 5000 of whom are needed immediately. This cooperation helps to assure the civilian health of the nation by the effort to allocate physicians to places where they are most needed during war time.

Army medical recruiting boards throughout the country have been authorized to accept applications and to obtain physical examinations for all physicians who are certified for service by the state chairmen of the Procurement and Assignment Service. These physicians must be under the age of 45, must have successfully completed a course in medicine at an approved medical school and must pass a "final type" of physical examination.

The War Department announces an examination on August 10 to 13 for the purpose of qualifying candidates for appointment as first lieutenants in the Medical Corps, Regular Army, to fill vacancies during the fiscal year 1943. The examination is open to male graduates of acceptable medical schools in the United States and Canada who have completed one year's internship in an approved hospital and who will not be over 32 years of age at the time it will be possible to tender an Army officer's commission.

### Large War-Time Increase in Tuberculosis Cases Forecast

A probable 20 to 40 per cent increase in tuberculosis cases during the war was forecast by Dr. Henry C. Sweany, Chicago, speaking before the four tuberculosis societies at their annual meeting in Philadelphia, May 6 to 8.

"The preventive setup is disrupted through loss of personnel, shortage of equipment and general dislocation," Doctor Sweany said.

Two potential sources of the increase in the disease are service camps and concentrated defense areas, Dr. Herman E. Hilleboe, past assistant surgeon in charge of tuberculosis control of the U.S.P.H.S., told the delegates.

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Pentobarbital Sodium has justly gained wide professional acceptance, not merely because it is probably the most widely investigated barbiturate, but mainly because it offers these advantageous properties.

It is effective in small dosage, yet there is a relatively wide margin of safety between therapeutic dosage and the minimum lethal dose. \* \* \* Induction of sleep is prompt, yet gradual. Within 30 minutes after administration the patient becomes drowsy, and sleep sets in. \* \* \* Since Pentobarbital Sodium is destroyed in the body with comparative rapidity, the induced sleep is of relatively brief duration, six to eight hours. \* \* \* With proper regulation of dosage there is rarely any post-sleep depression—the patient usually wakes refreshed, clearheaded, as from normal sleep of similar duration.

Pentobarbital Sodium finds many uses—in sleeplessness or insomnia; for preanesthetic sedation in surgery; for amnesia and analgesia in obstetrics; in hyperemesis gravidarum; in eclampsia, neurasthenia, neuroses, hysteria, delirium tremens. In conjunction with analgesics and narcotics, whose action it enhances, it is of value in combating the pain of neuralgia.

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Pentobarbital Sodium (Gane), manufactured by Gane's Chemical Works for the pharmaceutical industry, is available to the medical profession and hospitals through many pharmaceutical houses at prices which compare favorably with those of other sedative and hypnotic drugs.

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NEW YORK, N. Y.



## View Insurance Question Realistically, A.H.A. President Advises Tri-Staters

The future of voluntary hospital insurance should be viewed realistically, not through rose-colored glasses, according to Dr. Basil C. MacLean, president of the American Hospital Association, who addressed the banquet of the Tri-State Hospital Assembly meeting in Chicago on May 6 to 8. More than 3000 registered at the assembly.

"Some speak optimistically of extending this insurance soon to cover half of the population of the United States," he said. "Many of its most earnest friends

and enthusiastic supporters, however, do not believe that more than one fourth of the people can be enrolled on a voluntary basis. Large areas are untouched and regarded by many as untouchable."

The recent proposals of the Social Security Board may not get to the legislative stage in their present form, Doctor MacLean said, but it seems inevitable that some method will be devised of making hospital care more available through governmental action.

An extension of income from tax

funds may enable the voluntary hospital and the voluntary hospital service plans to strengthen and expand their opportunities as instruments of public health under private initiative, he said. "It behooves the voluntary hospitals and the Blue Cross plans to think less now of fighting the government and more of fighting the battles of health which may win this war."

In the long run and for the good of hospitals and hospital service plans, more will be achieved if government is welcomed to a nonoperating but financial partnership.

If volunteer nurses' aids put in only the minimum of 150 hours' service per year as compared with 2190 hours per year for the average graduate nurse, and if a total of 45,000 graduate nurses are required for an army of 7,000,000 men, then the goal of 100,000 volunteer nurses' aids should be increased to 675,000, Arnold F. Emch, assistant secretary of the A.H.A., told the tri-state group.

On the basis of enrollment in February and March of this year, the goal of 100,000 nurses' aids will not be achieved until the fall of 1943, he said. On the basis of the number actually graduated during these two months, it will take at least five years to attain the required goal.

A more optimistic picture of the situation was given by Marion G. Randall, nursing consultant of O.C.D., who pointed out that more than 25,000 women are now giving service, 8000 as graduates and 17,000 as students. But she admitted the slowness of the program, particularly in the Middle West.

A minimum ratio is at least two volunteers giving one day of service a week for each bed, according to Dr. R. C. Buerki, who after thirteen years as chairman of the Tri-State Assembly retired from that office.

The tremendous amount of service given by volunteers to the hospitals of England has probably been the factor that permitted these hospitals to keep on functioning, according to John Crane, superintendent of the American Hospital in Britain. Some English hospitals have had to get along with only 25 per cent of the usual nursing staff. Volunteers in most English hospitals are given small salaries as "pin-money" to compensate them for out-of-pocket expenses. The English aids do many jobs not usually given them in America, such as electrocardiography, motor transport, cooking, elevator operation, and service as x-ray technicians.

Mr. Crane warned American hospitals that most of them are counting heavily upon telephone communication in event of bombing, yet telephones are likely to be the first service knocked out. He recommended that messengers be used.

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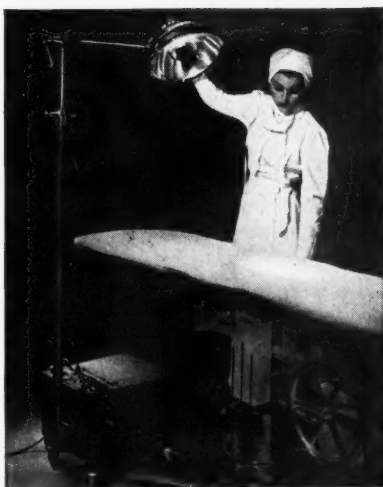
Power box is equipped with an automatic switch, fuse, battery tester, main switch, complete wiring and 6 watt pilot bulb for blackout illumination.

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# CASTLE LIGHTS

## Nurses' Aid Question Provokes Lively Discussion at New Jersey Meeting

Nothing succeeds as effectively as does a panel discussion in bringing out various ideas and thoughts, particularly when the subject constitutes a common problem, such as nursing.

This was proved at the eighteenth annual convention of the New Jersey Hospital Association in Atlantic City, May 7 to 9, where six women, headed by Jessie Murdock, nursing director, Medical Center, Jersey City, expressed various opinions on nursing aids, procurement of nurses and group nursing,

and encouraged general discussion from the floor. The result was one of the liveliest and best attended sessions of the three day meeting.

A matter of considerable concern to those responsible for voluntary hospitals in which nurses' aids are working is where legal responsibility rests for any injury accruing to them in the performance of their duties or to the patient as a result of their ministrations.

This subject should be carefully studied by each individual hospital,

Theodore D. Parsons, a member of the board of trustees, Monmouth Memorial Hospital, Long Branch, told the group, for the interpretation of the law varies in different states. He warned against frightening volunteers, but urged that they be informed they may be liable if the patient suffers injury as a direct result of their ministrations. Waivers, he believes, are of little value. If any injury is suffered by volunteers that may be attributed to negligence on the part of the hospital, the latter is responsible.

The great contribution that religious work can make and is making in many hospitals was outlined by the Rev. Robert D. Morris, chaplain, Hospital of the Protestant Episcopal Church, Philadelphia. Reverend Morris cited numerous instances where the patient would confide in his minister or priest before he would confide in his physician.

As usual; the association held its meeting in conjunction with the New Jersey Occupational Therapy Association, New Jersey State Dietetic Association, New Jersey Association of Medical Record Librarians and the New Jersey group of the American Association of Medical Social Workers.

A joint luncheon session of the hospital group and the New Jersey Dietetic Association had as its speaker Raymond P. Sloan, editor of THE MODERN HOSPITAL. Mr. Sloan urged the greater use of properly trained volunteers in hospital pantries and kitchens paralleling the work of nurses' aids. "After all," Mr. Sloan pointed out, "a patient can do without a bath a day, but few can get along without three meals a day." He also advocated a job analysis of kitchen personnel to ascertain where one experienced worker might do the work of two less skilled, with greater economy and efficiency.

Florence Burns, Somerset Hospital, Somerville, was elected president of the association. Dr. J. Berkely Gordon, New Jersey State Hospital, Marlboro, was named president-elect; I. Ellis Behrman, Beth Israel Hospital, Newark, vice president; Thomas J. Golden of Jersey City, treasurer, and Dr. George O'Hanlon, Medical Center, Jersey City, executive secretary.

### Smelzer and Doane Head Cornell Refresher Course

Cornell University's annual summer refresher course in hospital operation will be held June 29 to July 11. Dr. Donald C. Smelzer, managing director of the Germantown Dispensary and Hospital, Philadelphia, and Dr. Joseph C. Doane, medical director of Jewish Hospital, Philadelphia, will conduct the course.

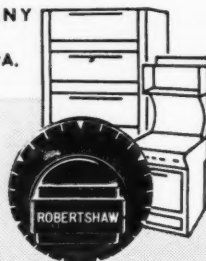


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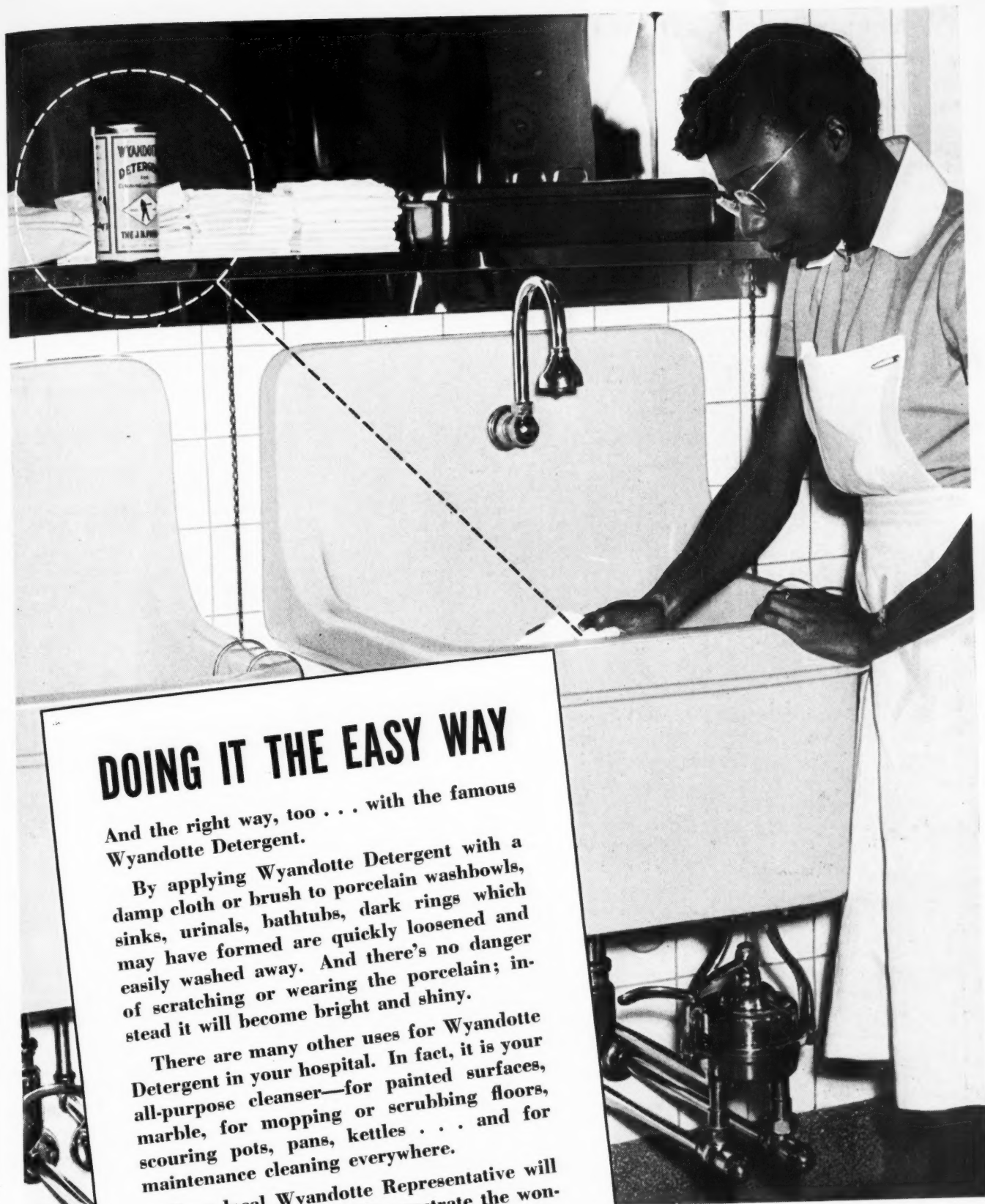
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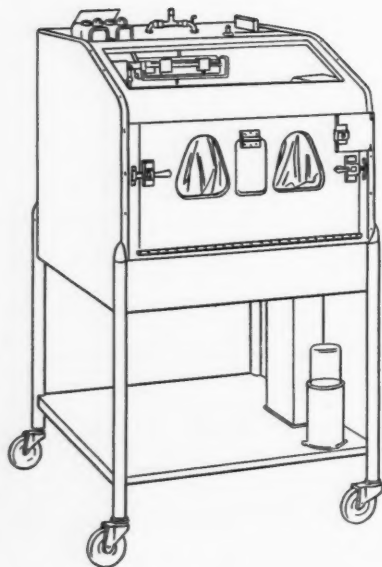
## War Emergencies Claim Major Share of Time of Carolinas-Virginias Delegates

Hospital executives attending the annual Carolinas-Virginias Hospital Conference in Richmond, Va., were made plainly aware of their responsibility during the war emergency. Blackouts, fire control, handling large numbers of emergency patients, treating shock, burns and gas decontamination cases were considered in detail. Every man and woman present were urged to acquire a thorough knowledge of the plant.

According to Dr. Lewis E. Jarrett, director, Medical College of Virginia,

Hospital Division, the eastern Virginia area, including Richmond, is a likely target for enemy action. For this reason he recommended careful planning against the failure of electric power. Floors should be self-sustained in the event that elevator service is eliminated, with essential supplies stored at convenient places and shock wards provided. Suggestions for the treatment of gas decontamination cases are being planned with the local Office of Civilian Defense and city health authorities.

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**CHAPPLE**  
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Every hospital should have teams to handle cases of shock and burn. Dr. Everett I. Evans of the Medical College of Virginia stated that a study of the present war indicates a large percentage of casualties in bombing raids will be cases of this kind and pointed to the importance of anticipating and preventing shock. If at all possible every hospital should establish a blood bank and a plasma bank with special wards for shock and burn cases.

An interesting feature of the meeting was the introduction of a quiz session conducted along the lines of "Information Please" in which Dr. Basil C. MacLean, president of the American Hospital Association, in commenting on the nursing situation, suggested that the armed services assist in nurses' training programs in view of the large numbers of civilian nurses that are being enlisted. "Why not train more male nurses?" he inquired.

The important part played by Blue Cross hospital plans in present day hospital service was indicated by several speakers including E. A. van Steenwyk, Associated Hospital Service of Philadelphia; R. F. Cahalane, Associated Hospital Service of Boston, and C. Rufus Rorem, Hospital Service Plan Commission.

At a business meeting, the Virginia Hospital Association elected Stuart G. Aldhizer, Rockingham Memorial Hospital, Harrisonburg, president of the Virginia group for the coming year and Harriet Ailstock, Parrish Memorial Hospital, Portsmouth, vice president. M. Haskins Coleman Jr. of Richmond was reelected secretary and W. L. Beale, assistant director of the M.C.V. hospitals, treasurer. New trustees are Henry Goodlow, Dixie Hospital, Hampton, and Ferma Hoover, Danville Memorial Hospital, Danville.

South Carolina officers are as follows: president, Charles H. Dabbs, Tuomey Hospital, Sumter; president-elect J. B. Norman, Spartanburg General Hospital, Spartanburg; first vice president, Dr. H. B. Morgan, Greenwood Hospital, Greenwood; second vice president, Dr. V. P. Patterson, Pryor Hospital, Chester; third vice president, Don Van Meter, Newberry Hospital, Newberry; trustee, Mrs. Byrd B. Holmes, Greenville General Hospital, Greenville.

Meeting with the conference were the Virginia Dietetic Association, North Carolina Record Librarians' Association, Hospital Service Association and West Virginia Dietetic Association.

### Accommodates Air Raid Wardens

Local air raid wardens have been provided with quarters at Memorial Hospital, Philadelphia, according to an announcement in the hospital's bulletin.

# Freedom From Harmful Impurities Assured in U.S.I. Alcohol



Typical of the extreme care exercised to protect the high quality of U. S. I. Pure Alcohol is the rigid U. S. P. test it undergoes to assure freedom from aldehydes and other harmful organic impurities. 20 cc. of alcohol are placed in a glass-stopped cylinder that has been thoroughly cleaned with hydrochloric acid, rinsed with distilled water and, finally, rinsed with the alcohol to be tested. The contents are cooled to approximately 15° C. and 0.1 cc. of tenth-normal potassium permanganate added. The solution is mixed by inverting the cylinder, then allowed to stand at 15° C. for five minutes. The pink color must not entirely disappear.

Alcohol of exceptional purity is absolutely essential to the effectiveness of floor dressings and packs. Because U. S. I. Pure Alcohol not only offers unusual freedom from aldehydes but from all other impurities as well, it complements the most careful technique in dressing wounds. And because it equals—and exceeds—U. S. P. Standards for purity, U. S. I. Pure Alcohol is used with utmost confidence by leading hospitals throughout the country for every application. The exacting tests it undergoes are your assurance of alcohol that meets every requirement. Benefit from these high standards by using U. S. I. Pure Alcohol in your laboratory, operating room and pharmacy.

Check your requirements for alcohol with this convenient list of 21 major hospital applications ...and specify U. S. I. Pure Alcohol for every use.

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**USI PURE  
ALCOHOL**

## CHECK LIST

### 21 IMPORTANT HOSPITAL USES FOR ALCOHOL

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|---|---|
| <input type="checkbox"/> Compounding Prescriptions            | <input type="checkbox"/> Pharmaceutical Preparations          |
| <input type="checkbox"/> Cresol Compounds Dilution            | <input type="checkbox"/> Pharmacy Solvent for Vegetable Drugs |
| <input type="checkbox"/> Dehydration of Pathological Sections | <input type="checkbox"/> Preserving Specimens                 |
| <input type="checkbox"/> Drug Tincture & Extract Preparations | <input type="checkbox"/> Protein Precipitant                  |
| <input type="checkbox"/> Duodenal Drainage                    | <input type="checkbox"/> Spirit Lamps                         |
| <input type="checkbox"/> Floor Dressings and Packs            | <input type="checkbox"/> Stains and Reagents                  |
| <input type="checkbox"/> Gastric Analysis                     | <input type="checkbox"/> Sterilizing Instruments              |
| <input type="checkbox"/> Hand Rinsing After Scrub-up          | <input type="checkbox"/> Sterilizing Skin                     |
| <input type="checkbox"/> Hypodermic Injections                | <input type="checkbox"/> Surgical Soap Preparation            |
| <input type="checkbox"/> Massage and Sponge                   | <input type="checkbox"/> Sutures Sterile Solution             |
|   | <input type="checkbox"/> Therapeutic Nerve Block              |



## Reference List of Official Orders

Issued Between April 17 and May 15

WASHINGTON, D. C.—Many War Production Board orders of importance to hospitals were issued during the past month. For ready reference by administrators and purchasing agents they are tabulated alphabetically as follows:

**Air Conditioning and Commercial Refrigeration.**—Limitation Order L-38, issued May 15, banned new installations except to meet war and essential civilian requirements. Installations may be made on A-9 or higher ratings. Essential installations include testing and research laboratories, operating rooms in regularly constituted hospital buildings, preservation of drugs, medicine and serums, mortuaries (body storage).

**Chemicals.**—Amendment 1 to Order L-11, issued April 20, restricting use of chlorine in pulp, paper and paper board, changes basis of limitation to amount used per ton of rag stock treated. Amendment 2 to Order M-10 makes subject to direct allocation all rubber substitutes of the general type of Koreseal and Vinylite.

**Chlorinated Hydrocarbon Solvents.**—Changed preference ratings were announced May 2. A-10 ratings extended for laboratories in hospitals and public institutions.

**Cocoa Products.**—Quantity to be ground restricted on May 11.

**Coffee.**—Conservation Order M-135, issued April 28, reduces amount of coffee which may be delivered by roasters and the amount which may be accepted by wholesale receivers during any month to 75 per cent of deliveries during

the corresponding period of 1941. Amendment 1 to Order M-135 restricts a roaster's inventory of green coffee to a two months' supply.

**Communications.**—Order L-50, issued and amended April 23, brought under strict control new installation of telephones. New telephone service was ensured only to persons or organizations engaged in direct war work or in occupations essential to public welfare, including "recognized organizations serving the health, safety or welfare of the public."

**Compressors.**—Order L-100, issued April 17, prohibits placing or acceptance of orders for compressors covered by the regulations without specific authorization.

**Copper.**—Order M-9-a, as amended, limits copper shipments to ratings of A-1-k or higher unless specified authorization is given for a lower-rated shipment. Order M-9-c, as amended, effective May 7, prohibits use of copper and its alloys in an additional hundred-odd civilian products, curtails other uses after June 15 and specifies a number of other restrictions. Health supplies, except those listed in P-29, cannot use copper after May 31, nor can any be used in furniture, photographic equipment (except x-ray), unions, valve handles, dishwashing machines, soap dispensers, electric blankets, food dispensers, motion picture equipment and pins.

**Cotton.**—Order M-134 conserves supply and directs distribution of cotton textile fabrics for use as industrial cloth or tape.

**Electric Lamps and Shades.**—Amendment 1 issued April 30 to Order L-33 extends by 39 days the period in which metal, metal parts, lamp cords and silk may be used in the manufacture of portable lamps and lamp shades.

**Electric Ranges.**—Order L-23-b, issued May 2, freezes all domestic electric ranges held by manufacturers, distributors and retail dealers.

**Feeding Nipples.**—Amendment 5 to Order M-15-b-1, issued May 6, orders simpler specifications for manufacture of nipples.

**Fluorescent Lighting Fixtures.**—Amendment 1 to Order L-78, issued April 28, eases restrictions on production and sale of small fixtures and sets a definite closing date on manufacture of other types.

**Fuel Oil.**—Order M-144, issued May 5, cancels all preference ratings assigned to fuel oil purchases.

**Furniture (metal office).**—Amendment 1 to Supplementary Order L-13-a, issued April 20, removes from restrictions of order all metal shelving and metal lockers being produced for Army, Navy and Maritime Commission and requires that they be delivered before July 15, 1942.

**Gas and Fuel Oil.**—Amendment 2 to Order L-70, issued May 13, made the 50 per cent cut in deliveries of gasoline and fuel oil in the eastern states effective May 15.

**Gasoline.**—Unlimited gasoline in rationed states for hospital vehicles and those of doctors and nurses, vehicles actually engaged in civilian defense or in rescue activity involving life, health or property may be served gasoline without a card.

**Iron, Steel.**—Order M-126, issued May 5, prohibits manufacturers, after ninety days of limited production, from using iron and steel in the making of more than 400 common civilian products.

**Kapok.**—Amendment 3 to Order M-85, issued May 4, prohibits use of kapok as insulation for industrial refrigeration and as stuffing for civilian maritime equipment.

**Laundry Equipment.**—Order L-91, issued April 18, bans production of laundry equipment after June 1; dry-cleaning equipment after July 1 except for Army, Navy or Maritime Commission.

**Metal Windows.**—Amendment 1 to Order L-77, issued April 28, permits manufacture of basement windows and residential type casements for use in certain rated housing projects; authorizes manufacture of metal windows composed wholly of materials in a manufacturer's inventory prior to March 25 for use in a project to which a preference rating has been assigned by P-55, P-19-d or P-110.

**Naphthalene.**—Order M-105, issued May 6, places under rigid allocation control the distribution of naphthalene.

**Napthenates.**—Order M-142, issued May 5, places under strict use and allocation control napthenates and their source material, napthenic acid.

**Osnaburg.**—Order L-99, issued April 20, directs cotton mills to convert specified percentages of

(Continued on page 112)

# Cacoprene

SYNTHETIC RUBBER

## CATHETERS EARN THEIR STRIPES

... they're in the NAVY now!

The U. S. Navy Medical Department is now using large quantities of Robinson Catheters, made of *Cacoprene*. You know . . . that *Cacoprene* is synthetic rubber, a special formula of DuPont's NEOPRENE . . . that catheters made of *Cacoprene* cost more than regular rubber catheters . . . that the U. S. Navy is a very critical buyer, buying only after careful comparison of costs.

### WHY CACOPRENE CATHETERS ARE SUPERIOR . . .

Exhaustive laboratory and use tests made on *Cacoprene* Catheters in comparison with less expensive catheters made of natural rubber have proven that the superior wearing qualities of *Cacoprene* more than offset their additional cost. The long life of *Cacoprene* Catheters is an important consideration in the final cost analysis.

### IT IS IMPORTANT . . .

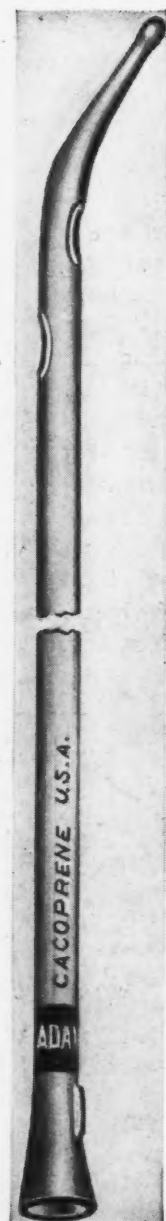
that at a time when natural rubber is one of the most critical of war materials, synthetic rubber (*Cacoprene*) not only serves the purpose, but serves this particular purpose better than natural rubber. By using *Cacoprene* you will not only help conserve our supply of natural rubber, but you will benefit by the additional service *Cacoprene* affords.

★ Complete listing of our *Cacoprene* Catheters, Bougies, Drains and Tubes, etc.—see our Catalog No. 101 MH. ★  
If you do not have a copy, please write for one on your official letterhead.

Visit our Booth No. 1-DD at the American Medical Association Convention.

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# Vitax

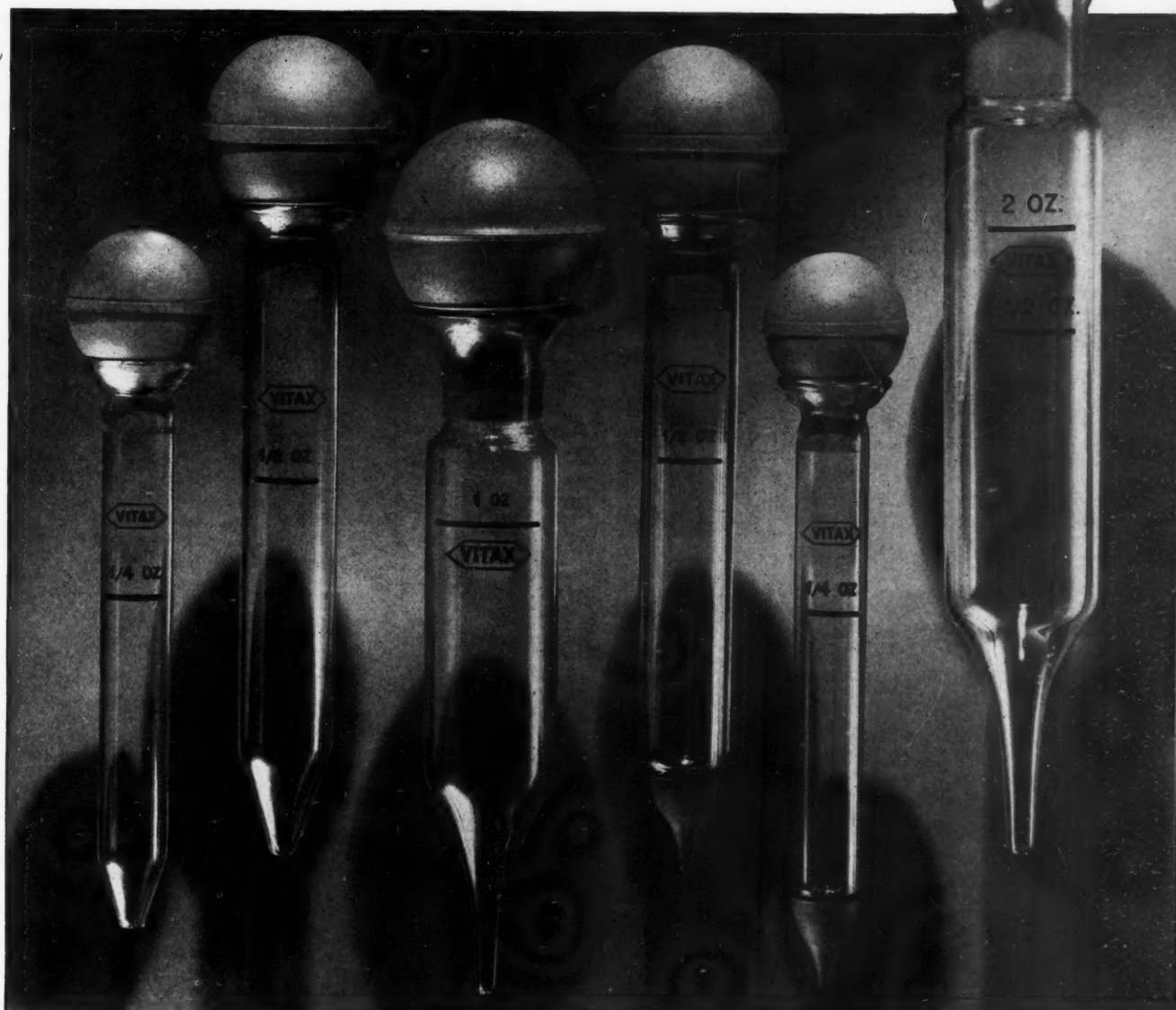
## PLUNGERLESS SYRINGES

The Vitax Plungerless Syringes have been produced with a view of giving better service to the hospital, longer life to the syringes and a consequent real saving in cost to the hospital.

Vitax Plungerless Syringes are manufactured from a special heat-resistant, non-corrosive (commercially free from alkali) glass, tempered, free from blisters, stains and streaks, and the tough, shock-proof quality permits these glass barrels to be sterilized repeatedly without danger of breaking or scumming.

Standardize on VITAX Plungerless Syringes for their safety, accuracy and dependability—and your hospital will save time and money.

Consult your Glasco catalog; ask your hospital supply salesman or write direct for complete information and prices on your specifications to Glasco Products Company, 111 N. Canal Street, Chicago.



• STRAIN-FREE • NON-CORROSIVE • HEAT-RESISTANT • GRADUATED



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GLASCO PRODUCTS

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111 North Canal Street

Chicago, Illinois

(Continued from page 110)

their looms to the production of bag osanaburg and bag sheetings.

**Power Shortages.**—Order L-94, issued May 1, sets up machinery to assure a steady flow of power to war industries and essential civilian services.

**Plumbing and Heating Equipment.**—Order L-42, schedule 8, issued April 21, requires simplification of vapor and vacuum heating specialties after June 15. Amendment 1 to schedule 5 to Order L-42, issued May 6, permits use of lead and zinc as a preserving finish on plumbing fixtures and trim.

**Projects (defense).**—Orders P-19, amendment 1, P-19-d amendment 1 and P-55 amendment 1, issued April 20, permit the supplier of materials entering into the construction of a defense housing project to extend a preference rating at any time within three months after he becomes entitled to apply it. Amendment 2 to priorities regulation 8 discontinues reports in connection with construction project rating orders of the P-19 series.

**Protective Helmets.**—Order L-105, issued April 29, prevents production and sale of protective helmets except on order by one of the United Nations.

**Refrigerating and Air Conditioning Machinery and Equipment.**—Order P-126, issued April 20, grants high preference ratings for deliveries of materials needed for repairs to air conditioning and refrigeration equipment.

**Refrigerators.**—Orders in L-5, series, as interpreted April 25, do not apply to low temperature mechanical refrigerators designed for storage of frozen foods or for quick freezing of food when the low temperature compartment contains more than 75 per cent of total refrigeration space. Amendment 3 to Order L-5-b enables dealers who want to get out of business to deliver a refrigerator to any person who ordered and paid for it before the issuance of the order.

**Regional Offices.**—General Administration Order 2-35, effective April 25, decentralized the activities of W.P.B. by setting up 13 regional offices throughout the country.

**Rubber.**—Amendment 9 to Order M-15-b, issued April 27, limited use of scrap and reclaimed rubber during May in a specific list of articles. Such rubber will continue to be limited to 60 per cent of a formula based on average monthly use over a base period. Order L-82-a, issued May 3, gives W.P.B. rigid control of production and distribution of all types of rubber-tired construction equipment. Order L-111, which became effective May 7, requires elimination of all but the most essential uses of rubber tires on hand trucks.

**Safety Equipment.**—Order L-114, issued May 5, places strict regulations on use of aluminum, copper, plastics and several other commodities in the manufacture of safety equipment.

**Spices.**—Order M-127, issued May 8, places restrictions on the distribution of the principal imported seasoning spices.

**Steel and Iron.**—Amendment 3, extension 2 to Order M-21, issued April 22, restricts deliveries of iron and steel products to preference ratings of A-10 or higher after May 15; abolishes PD-73.

**Sugar.**—Forms were released on May 7 for persons needing more sugar than allowed under rationing regulations. Special purposes may include canning, new business requirements and medical necessities.

**Sulphur.**—General Inventory Order M-132, issued April 18, permits deliveries of sulphur in excess of a practical minimum working inventory; places no restrictions on deliveries or acceptances of sulphur from a primary producer.

**Suppliers.**—Amendment 1 to Order L-63, issued April 27, removes health supplies from the list of products subject to control.

**Tea.**—Order M-111 cuts deliveries of tea to dealers to 50 per cent of deliveries in a 1941 base period. Amendment 1, issued May 1, relaxes some of the distribution provisions.

**Totaquine.**—Order M-31, issued April 30, prohibits distribution and use of totaquine except as antimalaria agent.

**Typewriters.**—New and used typewriters may be made immediately available to eligibles who can establish their need for machines, O.P.A. announced on April 30. No quotas are established.

**Wool.**—Amendment 4 to M-73, issued April 17, prohibits manufacturers from putting wool into process after April 17, 1942, in the manufacture of floor coverings, drapery and upholstery fabrics except to fill Army, Navy and Maritime Commission orders.

**Zinc.**—Order M-11, as amended on May 1, places metallic zinc under complete allocation control. Order M-11-a, effective June 1, places zinc oxide and zinc dust under the pool arrangement by which all zinc has been controlled heretofore.

**Zinc Sulphide Pigments.**—Order M-128, issued May 6, establishes a monthly producers' pool in zinc sulphide pigments.

### Large Feeding Nipples Eliminated

Feeding nipples have undergone changes designed to save approximately 45 tons of crude rubber annually. Specifications set forth the maximum amount of rubber that may be contained in each thousand nipples. The so-called breast type of nipple, which consumes three times the amount of rubber required for small nipples, has been eliminated.

### Schoup Explains PD-1A and PD-200

The distinction between PD-1A and PD-200 of the War Production Board was recently explained by Stephen E. Schoup, priorities consultant of W.P.B. PD-1A is to be used to purchase major items of new equipment and it should be made out to include all the accessories, such as wiring. PD-200 is to be used when an increase in floor area is involved.

THE  
PURITAN  
OXIFIER

Newest,  
Simplest  
Most Efficient  
Oxygen  
Administrator



At last—a simple, efficient, and highly portable, top quality oxygen administrator—the Puritan OXIFIER, newest member of the Puritan family! Humidifier cap, flowmeter and safety release are all cast as one unit in solid chrome-plated brass. Humidifier consists of ordinary quart fruit jar, easily replaced, cleaned or re-filled, and gas atomizer element with cylindrical trap to prevent water bubbles going direct to patient. Patented safety valve releases audible whistle if obstruction to flow of oxygen occurs. Quickly convertible for administering any therapeutic gas with or without humidity. Easily taken to patient anywhere—total weight only 7 lbs. Price complete with accessories as illustrated (less cylinder and contents) \$57.50.

"BUY WITH CONFIDENCE"

PURITAN COMPRESSED GAS CORPORATION

"Puritan Maid" Anesthetic, Resuscitating Gases and Gas Therapy Equipment

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CINCINNATI KANSAS CITY ST. LOUIS NEW YORK

PURITAN DEALERS IN MOST PRINCIPAL CITIES







**CURITY LISCO SPONGES** These cotton-and-gauze sponges are less expensive than all-gauze—unusually absorbent and efficient.

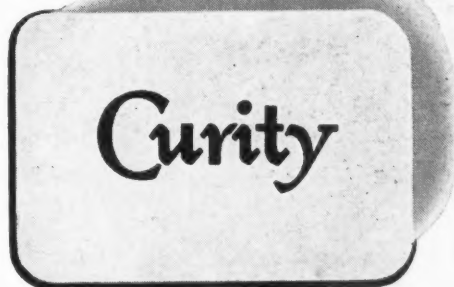


**CURITY ABDOMINAL PADS** Ready-made—these drainage and post-operative pads save time and materials. Such an efficient, economical dressing could hardly be made by hand.

**CURITY COTTON BALLS** Ready-made cotton balls eliminate the time consumed and materials wasted in making cotton balls by hand—save more costly gauze when used for wipes, etc.



● Placards shown here will constantly remind your staff to *save supplies*. Ask the Curity representative for your set—or write direct (stating number of each title wanted).



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**RESEARCH TO IMPROVE TECHNIC, REDUCE COSTS**



## Personnel, Service Problems Studied at Record Midwest Hospital Meeting

Hospitals cannot prevent the loss of some employes during the present period but they can try to alleviate the situation and not lose employes unnecessarily, James A. Hamilton, president-elect of the American Hospital Association, told the Midwest Hospital Association which held its largest meeting to date in Kansas City on April 23 and 24.

"The social prestige of a job is often more important to the employe than the money. Labor disturbances are more often caused by small things than by big things."

The first step in keeping hospitals staffed is to salvage the employes you already have, Mr. Hamilton said, by transferring them, promoting them, removing sources of irritation, giving them pride in their work (with titles and uniforms, if appropriate), maintaining an "open door" for complaints and pointing out the patriotic contribution of staying on the job in hospitals during war time.

He challenged hospitals to say that the lowest paid person on the staff is now getting a living wage. He asked the trustees to compare the salaries of their hospital employes with those of the employes in their offices or factories.

The Midwest association urged the A.H.A. to make strenuous efforts to restore tax exemption to hospitals in any future federal excise tax legislation that may be introduced.

"The bedside frills are fading," Dr. Basil C. MacLean, A.H.A. president, told the meeting. "There's going to be less hand-holding by nurses, less professional chin-stroking by doctors. Luxury patients on a full diet are not going to be asked between meals if they want something from the soda fountain. The list of expensive patent medicines and tonics is going to disappear."

Yet the hospitals are going to give more honest-to-goodness sick care than ever before, Doctor MacLean believes. The streamlined staffs are going to concentrate on essentials.

An urgent request was made by Dr. Frank Bradley, superintendent, Barnes Hospital, St. Louis, that hospitals in this war emergency should pool their supplies, beds, plasma, instruments and other facilities. He stressed some of the problems that will face hospitals in the Middle West if there is mass evacuation of population from the coastal areas.

The federal excise tax on items used by hospitals will total \$97 per bed an-

nually according to a survey made by the A.H.A. and reported by Arnold F. Emch, assistant secretary. In all, the federal excise tax on hospitals will come to approximately \$2,000,000 in the final tabulation.

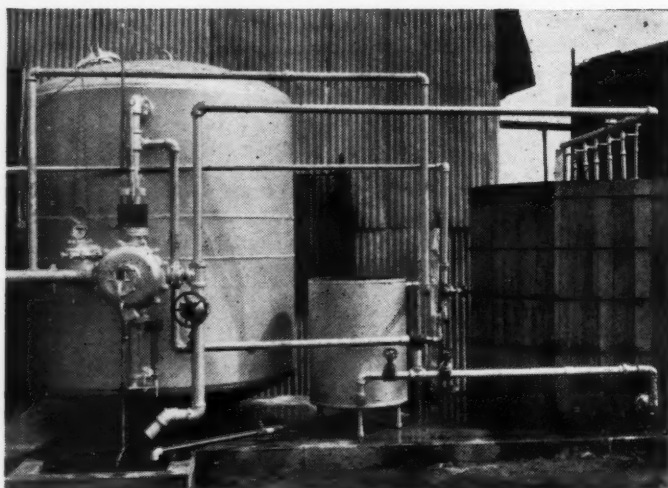
Florence King was installed as president of the Midwest Hospital Association, succeeding E. E. King. Both are of St. Louis. L. C. Austin of Menorah Hospital, Kansas City, was chosen president elect.

### Rubber Tired Equipment for Inside Use Is Permissible

WASHINGTON, D. C.—According to the W.P.B. administrator, wheel chairs, wheel stretchers, instrument tables, dressing carts, food conveyors, hand trucks in which delicate instruments are an integral part and other rubber tired equipment defined as hand trucks used in the hospital itself are excluded from the recent limitation order on rubber tires.

Hand trucks used in hospital kitchens, laundries and places outside the hospital proper cannot use rubber tires. Persons receiving delivery of a truck or a spare rubber tire must certify on the purchase order that the equipment is required for one of the essential purposes that provide exemption.

## SAVES 3,000 lbs. of SALT a Week



The 84 x 84 Refinite Softener and Patented Salt Saver installed in the Dixie Laundry, Tampa, Fla. Capacity is 100,000 gallons on Tampa's 17-grain water.

### ... with Refinite Zeolite and Patented Salt Saver

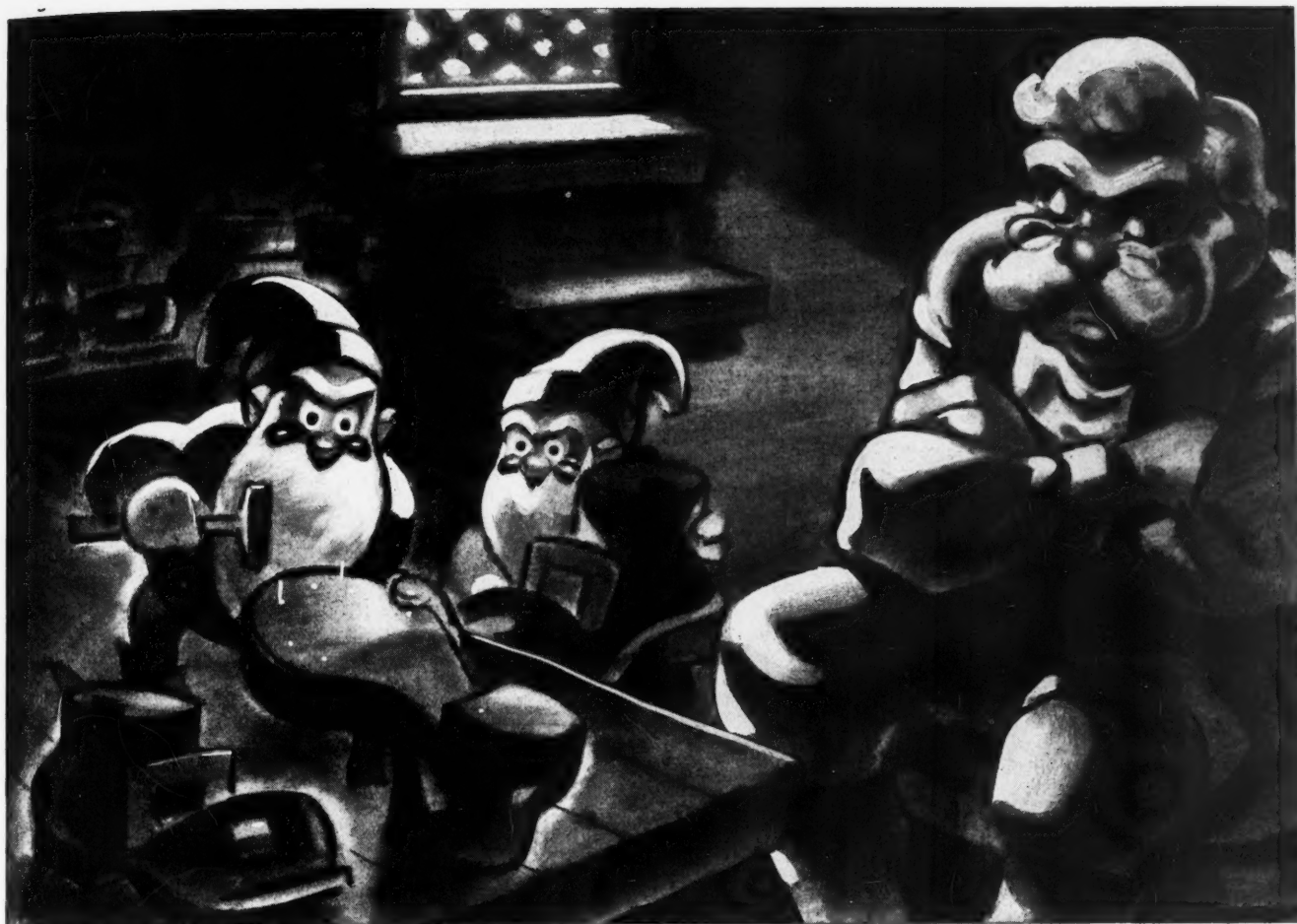


You think YOU have water trouble? Dixie Laundry *really* had a headache! Seventeen regenerations a week it took to keep soft water in the wash wheels. But that was before they switched from greensand to Refinite Natural High-Capacity Zeolite. Now they're regenerating four or five times a week—getting zero-hardness water, completely free of iron. Their savings on salt alone amounted to 3,000 to 3,600 pounds a week, with an additional 20% saving on soap and soda. No wonder Manager D. C. Morton calls Refinite "self-liquidating!"

#### NO PRIORITIES ON ZEOLITE

Refinite High-Capacity Zeolite will double the capacity of your greensand softener, without extra tank equipment. Write for prices—today!





## QUALITY TELLS, *Say the Cobbling Elves...*

*Remember the elves who, while the cobbler slept, made such fine shoes . . . so fine that their quality was recognized by all?*

Yes, *quality* tells . . . that's why leading hospitals from coast to coast use only Vollrath Enameled and Stainless Steel Ware. They know that their patients and physicians recognize Vollrath's superiority . . . Since 1874—sixty-eight years ago—Vollrath has steadfastly maintained its reputation for quality. Today, as always, Vollrath Hospital Ware is *designed* for beauty and utility and is *built* for long life . . . We urge you to investigate.



Vollrath NuSteel Liquid Cleaner



Porcelain Enameled Bedpan



Stainless Steel Irrigator

*The*  
**Vollrath Co.**

Genuine Vollrath Ware  
Bears This Label



ESTABLISHED 1874

SHEBOYGAN • WISCONSIN

## W.P.B. Sets Up Bureau on Construction; Warns That Building Will Be Restricted

The War Production Board has announced the establishment of a construction bureau to handle all applications for construction priorities. The new bureau will service all construction considered essential, recommend construction project ratings, conserve materials used in construction and administer W.P.B. orders placing all private construction under government control. William V. Kahler heads the bureau.

Placards showing that approval has been granted by the W.P.B. are being sent to builders of authorized projects. They are to be displayed conspicuously on the premises during construction.

Brig. Gen. Philip B. Fleming warns that shortage of critical materials makes approval of elaborate hospital structures impossible. He predicts that communities planning 200 or 300 bed hospitals may have to be content with 40 or 50 bed structures. Many communities will be forced to delay construction until after the war. Others will be able to get hospitals, but they will be of a temporary character or one story frame structures stripped as much as possible of metals.

The Federal Works Agency, says

General Fleming, seeks an over-all allocation of such critical materials as can be used and spared for war public works construction rather than authorization from W.P.B. for each project. For months F.W.A. has stripped plans calling for copper, steel and other scarce materials to bare essentials.

The present policy of the war public works program of the F.W.A. is to select for approval only those projects clearly necessitated by the war effort. Whenever possible, temporary structures are built.

Under the Federal Works Agency, through its war public works program, 155 hospital projects were approved prior to April 1942. These projects included 45 new buildings, 101 additions and improvements to 12 existing buildings. Eighteen new nurses' homes were built and many new health centers. Since 1933 a total of 3054 hospital projects has been financed wholly or in part with federal funds at a cost of half a billion dollars.

The War Department has announced authorization for construction of hospitals of the cantonment type at Phoenixville, Pa., to cost around \$5,000,000 and at Louisville, Ky., to cost in excess of \$3,000,000. Authorization has been announced also for the expansion of the O'Reilly General Hospital at Springfield, Mo.

## Limited Air Conditioning, Metal Beds and Spring Frames Allowed Hospitals

WASHINGTON, D. C.—Hospitals may still have air conditioning in operating rooms and research laboratories. Nor are they deprived of metal beds and bed spring frames.

These are exceptions to the iron and steel Order M-126 which suspends the steel age for the duration.

Other exceptions to the sweeping prohibitions of the iron and steel order that were made for the benefit of hospitals include the following: commercial refrigeration for the preservation of drugs, medicine and serums and for the care of bodies in mortuaries; cabinets for hospital operating and examining rooms; dishwashing machines; hospital operating and examining room furniture; hospital beds and cots; ice box exteriors for portable blood banks; terrazzo spacers and decorative strips for hospital operating rooms; window ventilators; wire baskets for laboratories, and animal cages for biological work.

### Plan Raises Payment to Hospitals

The Plan for Hospital Care, Chicago, has raised the maximum payment to hospitals to \$7.50 a day to take account of the increasing cost of hospital service. The minimum payment is \$6.25 per day.

# New!

# PECORA

## SHATTERPROOF LIQUID

*For Government, Institutional and Industrial Hospitals*

### AVOIDS FLYING SPLINTERS FROM BROKEN GLASS

APPLY TWO COATS BY PAINT BRUSH OR SPRAY ON INTERIOR OF GLASS WINDOWS

Coverage 250 Square Feet per Gallon—Two Coats

— NET PRICES —

Furnished in 50 Gallon Drums • CLEAR at \$4.00 Per Gallon. BLACK OR WHITE at \$4.75 Per Gallon • F. O. B. PEABODY, MASS.

RESULTS FULLY GUARANTEED WHEN PROPERLY USED

*Mail or Wire Your Order at Once. Priority Must Be Furnished.*

## PECORA PAINT COMPANY, Inc.

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340 SEDGLEY AVENUE

Established 1862 by Smith Bowen

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# Effective Replacement of the HEMPOIETIC PRINCIPLE

## in *Pernicious Anemia*

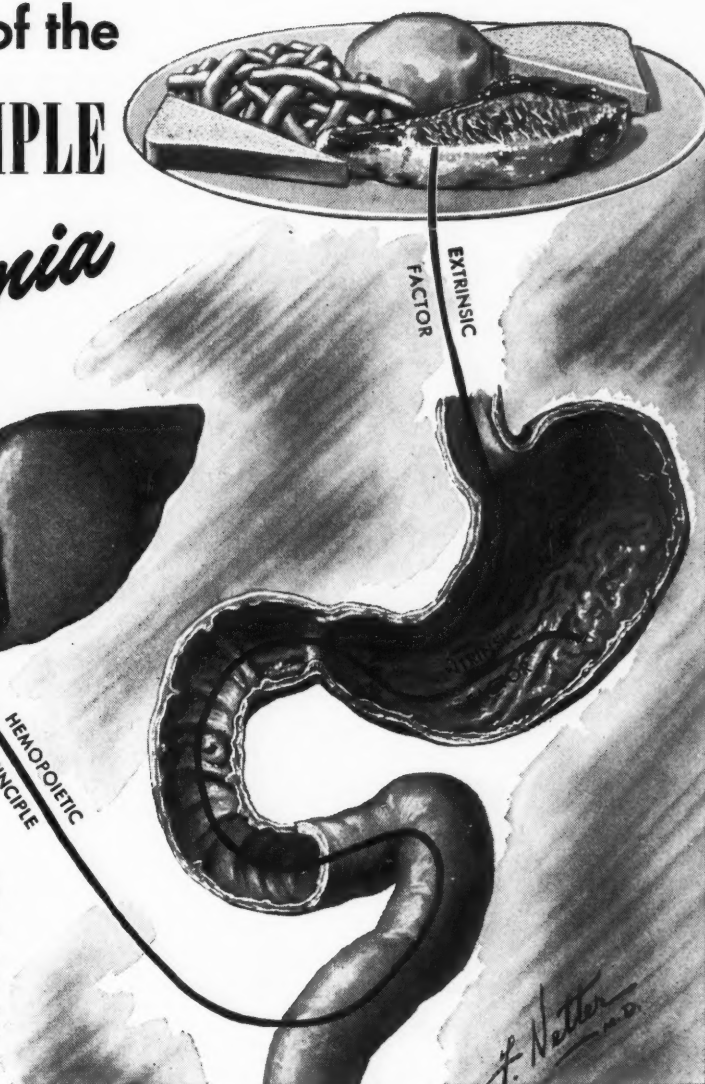
**R**ED CELL maturation is carried to proper completion in the human body only in the presence of adequate amounts of the *hemopoietic principle*. Castle and his associates (1,2) have shown that the hemopoietic principle is normally produced as a result of the interaction of the *extrinsic factor* from the food and the *intrinsic factor* derived from the gastric juice—and the resultant product is then stored in the liver.

In pernicious anemia there is a deficiency of the hemopoietic principle due to the absence of the intrinsic factor from the stomach. It is thus evident that liver therapy in pernicious anemia is largely a replacement measure. Its effectiveness will depend very much upon the activity of the blood regenerating constituents of the liver preparation employed. Musser and Wintrobe (3) have observed that "the use of inactive extracts" is one of the causes of failure in pernicious anemia therapy.

Armour Liver Liquid Parenteral (4 injectable units per cc.) and Armour Solution Liver Extract (oral) are prepared from selected livers of young, healthy, actively growing animals. The utmost skill and care are exercised to preserve the blood regenerating active constituents of fresh liver during the processing. Such methods are possible to the Armour Laboratories because of the tremendous supply of raw material which they have available and because Armour technicians are experts in judging and handling animal products.

You can have confidence in the potency, activity and standardization of Armour Liver Preparations. Literature describing therapeutic routine and dosage sent to physicians upon request.

- (1) Castle, W. B. and Townsend, W. C.: *Am. J. Med. Sci.*; 178 p. 764 (1929)
- (2) Castle, W. B., Townsend, W. C. and Heath, C. W.: *Am. J. Med. Sci.*; 180 p. 305 (1930)
- (3) Musser, J. H. and Wintrobe, M. M.: *Tice, Practice of Medicine*, Prior Vol. VI, P. 825.



### LIVER LIQUID PARENTERAL

4 U. S. P. Injectable Units per cc. 1 cc., 5 cc. and 10 cc. rubber-capped vials.

### SOLUTION LIVER EXTRACT—ORAL

A readily assimilable and therapeutically effective preparation for use when the oral route is preferred or for maintenance therapy. 3 tablespoonfuls = 1 oral unit, (45 cc.).

Have confidence in the liver preparations you prescribe  
or administer—Specify "ARMOUR"



*Rx*  
*Liver Liquid  
Parenteral  
Armour*

4 U. S. P. Injectable Units per cc.

THE *Armour* LABORATORIES, CHICAGO, ILLINOIS

## Revised Forms Under P.R.P. Will Simplify Applications for Priority Assistance

WASHINGTON, D. C.—Applications for priority assistance under the Production Requirements Plan (P.R.P.) will be simplified according to new instructions. The revised form permits applicants to omit a considerable part of the information that has previously been required. Users of materials will be able to supply the same reports on P.R.P. applications they are now preparing in answer to the general metals questionnaire, Form PD-275.

Most of the limited blanket ratings under which preference ratings have been assigned on an industry-wide basis will be revoked or allowed to expire. Companies heretofore using blanket ratings, such as those under the Health Supplies Rating Plan, will be required to apply under P.R.P. The emphasis on the use of the product rather than the pattern of existing preference ratings makes it possible to eliminate much of the information previously required and constitutes the basis for the new, simplified instructions.

Processing directions, made public from time to time, will keep producers informed as to where they stand with priorities. They will also assure uniform

treatment for all firms handling the same type of war and essential civilian production in each industry. Elimination of the figures previously required on Form PD-25A in the columns, now canceled, means that applications will be rated to an increasing extent on the basis of the importance of the applicant's products or the end use of his products.

### Colorado Initiates Surgical Plan

A new plan for surgical care underwritten by the doctors of Denver was announced last month by the Colorado Medical Service, which is affiliated with the Blue Cross plan in Colorado. All needed office and hospital service by participating physicians is included. Enrollment is open to groups of 10 or more that can enroll in the Blue Cross plan, provided individual incomes do not exceed \$1400 for single persons, \$1900 for two persons or \$2400 for a family. Fees are \$0.75 a month for one; \$1.25 for two; \$1.50 for three, and \$1.75 for a family of four or more.

### Hospital Deliveries Exempt

Deliveries to hospitals are specifically exempted from the recent order of the Office of Defense Transportation restricting deliveries to one per person per day by powered or horse-drawn rubber tired vehicles.

## New York's Ward Plan Is Gaining Acceptance

The acceptance of the New York Community Ward Plan has been accelerating among the physicians of the New York metropolitan area, according to word recently received. In the three weeks, ending on April 14, 550 additional physicians in New York county had signed contracts to participate. This is in spite of vocal and open opposition from a small group of Bronx physicians headed by the owner of a proprietary hospital. Many of the reputable leaders of the Bronx County Medical Society, however, are among the strongest supporters of the plan.

The Kings County Medical Society has taken no official action but in four days 196 Brooklyn physicians responded to an invitation asking them to sign up. The New York County Medical Society has received a report by a special committee appointed to study the plan in which it is described as "a rational experimental approach to the problem of hospital and medical care for this low income group."

### Hackley Circulates Promotion Booklet

An attractive promotional booklet has been published by Hackley Hospital, Muskegon, Mich., in connection with the hospital's proposed new wing.

**Building or Modernizing?  
HERE'S YOUR GUIDE  
TO MODERN HEATING  
AND PLUMBING**

**AMERICAN HEATING EQUIPMENT  
COST NO MORE THAN OTHERS  
"Standard" PLUMBING FIXTURES**

**AMERICAN & Standard  
RADIATOR & Sanitary**

**CORPORATION**

Hospital Fixture Div. PITTSBURGH, PA.  
Cast Iron & Steel Boilers & Furnaces for Coal, Oil, Gas •  
Radiators • Cast Iron Enameled & Vitreous China  
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AMERICAN Heating Equipment and "Standard" Plumbing Fixtures meet modern hospital requirements—in comfort and safety . . . in convenience and utility . . . in utmost sanitation and long life. Write today for the detailed catalogue of Hospital Equipment by America's leading Heating and Plumbing organization.

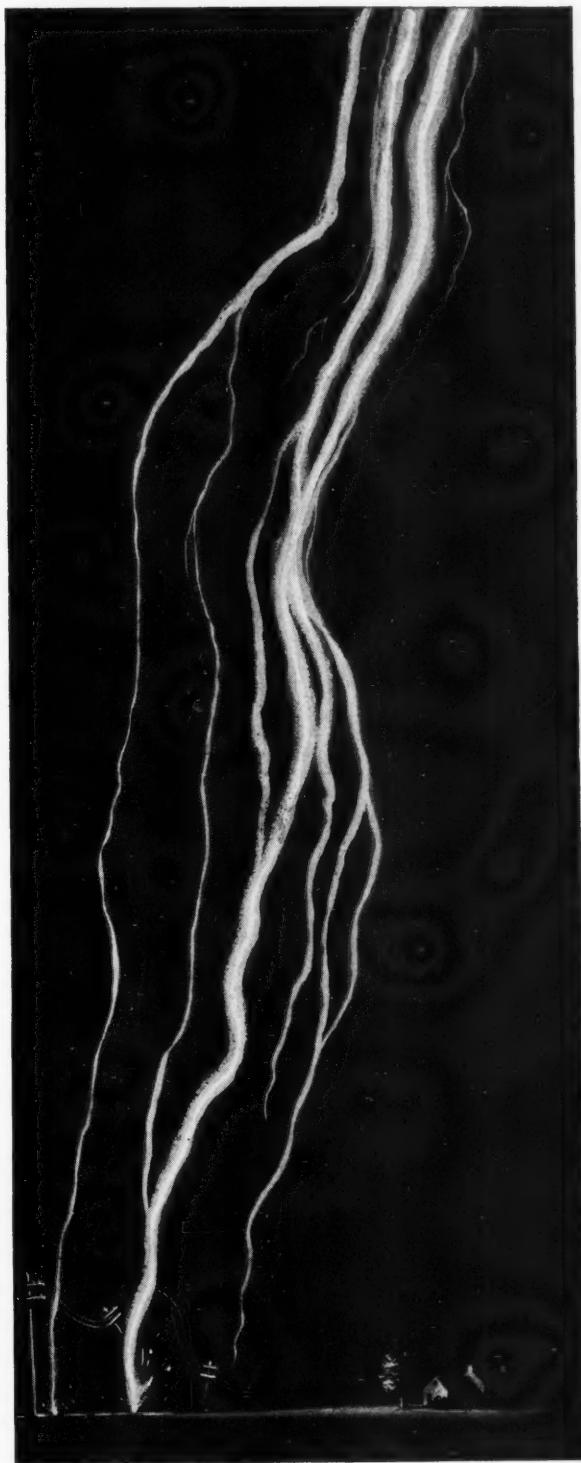
"Standard" Plumbing Fixtures are installed in new Delaware Hospital addition, Wilmington.



★ ★ FIGHT FOR VICTORY. ENLIST NOW IN THE U. S. SERVICE ★ ★



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**P**OWER failures come suddenly... like bolts from the blue. Nature's blasting lightnings can cause them, and so can the blasts of man's own bombs. Utility companies take all possible precautions, yet power failures, caused by circumstances beyond human control, can still occur. Storms, floods, fires, and street accidents are menaces which may put out your lights... disastrously.

For an average cost of 5c per operation, you can guard

against these unforeseen current interruptions. An Exide Emergency Lighting Unit, operating instantly and automatically, will take over operation when normal current fails... and assure you protection with a minimum of maintenance. For full details, write for the Exide Emergency Lighting Bulletin, *today*.

## A bolt from the sky



THE ELECTRIC STORAGE BATTERY COMPANY, Philadelphia  
*The World's Largest Manufacturers of Storage Batteries for Every Purpose*  
Exide Batteries of Canada, Limited, Toronto



## New Rating Requested at Eastern Association's First Annual Conference

A resolution passed by the Maryland-District of Columbia Association at its first annual meeting held in Hagerstown on May 8 urged the American Hospital Association to exert every effort to obtain for hospitals a priority rating that would provide normal operating supplies and especially replacement of essential equipment broken down in service. Several local hospitals reported that they were unable to replace boilers declared unsafe by the underwriters.

Consideration was also given, but no action taken, to laws allowing the use of phonographic and photographic medical records for court use in Maryland and to the proposal to use part of the automobile license revenue to pay the expenses of persons injured in accidents on the highways.

Much attention centered about the proposed change in the Workman's Compensation Act, which would remove a maximum limit of \$500 on medical, hospital and nursing expense arising from any one accident. An attempt will be made to have this change effected during the legislative session this year.

Included on the program was a showing of the new film, "The Common De-

fense." That this will prove a real benefit to the public relations' program of hospitals was the general opinion; several showings were arranged for different parts of the state.

## War Effort Keynotes Programs for National Hospital Day

Capitalizing on the opportunity afforded by National Hospital Day to extend and emphasize their war efforts, hospitals keynoted the annual program and attendant publicity with blackout dramatizations, displays of emergency equipment and demonstrations of emergency medical units at work. Most hospitals stressed the vital need for more student nurses and volunteer nurses' aids.

These activities were supplemented by the usual radio programs, open house, posters and poster contests, window displays and motion picture programs, many of them showing the Blue Cross film, "The Common Defense."

Particularly interesting were the programs presented in San Francisco; Sarasota, Fla.; Chicago and Peoria, Ill.; Boston; St. Louis and Kennett, Mo.; Newark and Neptune, N. J.; Santa Fe, N. M.; Rochester, N. Y.; Harvey, N. D.; Chester, S. C.; Dallas, Tex.; Richmond, Va., and Milwaukee.

## Plan Autumn Institute for Hospital Housekeepers

A hospital housekeepers' institute will be held in Chicago at Wesley Hospital, September 2, 3 and 4, with optional visits to hospitals on September 5. Students enrolled will live at the Knickerbocker Hotel and the classes will be held in the new Wesley auditorium.

The institute registration will be limited to 100, and a tuition fee of \$10 will be charged. Registration will be open to hotel housekeepers, also, although hospital housekeepers will be given preference.

Announcements will be sent shortly to the hospitals in Indiana, Michigan, Illinois and Wisconsin that might be interested but hospital housekeepers from other states will also be welcome.

Full information and application blanks will be available shortly from the director of the housekeeping institute, Mrs. Alta M. LaBelle, executive housekeeper, Michael Reese Hospital, Chicago.

Nationally known leaders in the field will discuss most of the important aspects of housekeeping work.

## Bronx Home Increases Bed Capacity

A new \$250,000 addition to Beth Abraham Home for Incurable, Bronx, N. Y., increases capacity by 62 beds.

## Here's a MONEY-SAVING Plan on LABORATORY EQUIPMENT!

*Kewaunee's*  
"CUT-COST SYSTEM"

By offering a wide variety of matched units Kewaunee is able to meet virtually every Laboratory need. Lower costs are made possible because special engineering is eliminated, large scale manufacturing is made possible, installation costs are reduced and deliveries are speeded up. Investigate Kewaunee's "Cut-Cost System" for equipping any Laboratory, large or small, with your choice of wood or metal furniture. We also manufacture custom-built metal case and cabinet work for all hospital purposes.

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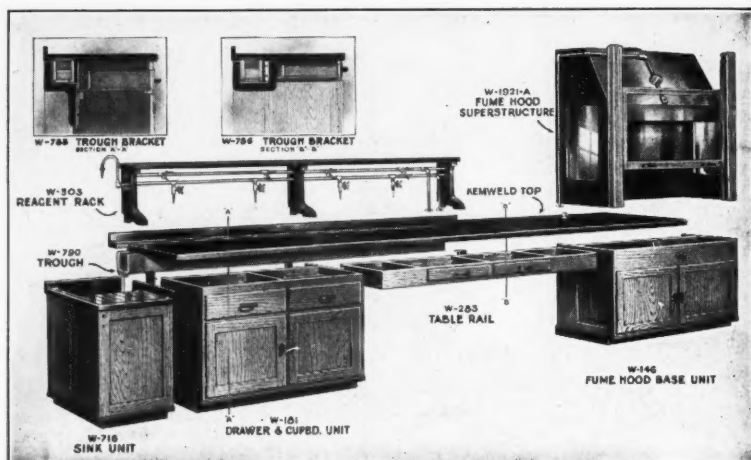
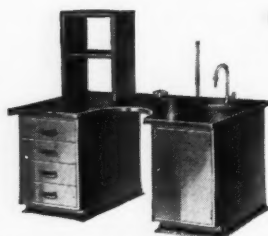


Illustration above shows how Standard Furniture Units are assembled by the Kewaunee "Cut-Cost System." This Kewaunee Laboratory Table No. W-2045 is made up of 10 Standard Kewaunee Units.

Kewaunee Automatic Adjustable Stools and Chairs



Laboratory Wall Table  
No. S-2080



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Kewaunee Wall Case No. W-425 made  
up of 5 Standard Kewaunee Units

THERE **MUST** BE ENOUGH FOR ALL



It isn't hard to imagine what would happen if one or two of these young ones gobbled up all the available worms—the results would spell disaster for the one that was left out. Of course, you say, that happens every year at this time—you see it in every tree where there's a nest—it's the old story of supply and demand. Well, you're right about that—but it does give a very good picture of the present condition of the Surgical Glove industry. The demand is great and the supply is limited, and any "gobbling up" by even a few Hospitals is going to make it "awful rough" on the rest. There **MUST** be enough for all and it's up to YOU to see that there **IS** enough for all. **HELP WIN THIS WAR . . . DO NOT OVERSTOCK RUBBER GLOVES.**

*The* **Wilson**

**RUBBER COMPANY**

THE WORLD'S LARGEST MANUFACTURERS OF RUBBER GLOVES

CANTON . . OHIO



## Ohio Association Lists Five Legislative Goals; Has Blue Cross Battle

The Hospital Obstetric Society of Ohio feels proud that the American College of Surgeons has adopted substantially the standards for obstetric service in hospitals that the society proposed some years ago, Dr. Loyal E. Leavenworth of Canton, president of the society, told the meeting of the Ohio Hospital Association, which met in Columbus on April 21 to 23.

The maternal death rate in Ohio hospitals that are members of the society dropped from 5.37 per thousand live births in 1937 to 2.07 in 1940, Doctor Leavenworth reported.

A survey of 67 Ohio hospitals with approved schools of nursing disclosed that during the past year these hospitals have had an increase of 800 patients and a decrease of 400 graduate nurses, according to Celia Cranz of the City Hospital of Akron. A total of 352 nurses went into government service from these hospitals during the year and there are now 452 vacancies in the graduate nursing staff. The number of student nurses was increased by 340 in an effort to meet the needs. Three fourths of the larger Ohio schools are already at their maximum enrollment, Miss Cranz stated.

The schools are also encountering a lack of qualified applicants for nurses' training.

The legislative program of the Ohio Hospital Association embraces five points: (1) a hospital licensing law, (2) provisions for hospitalization of old age recipients, (3) an increase in the ceiling on hospital charges to state motor vehicle cases from \$6 to \$6.50 and the right to close these cases permanently 90 days after discharge, (4) clarification and establishment of the responsibilities of counties for the care of indigent cases and (5) a lien law if the insurance companies do not accept the association's alternative proposal.

An attempt to get the Ohio Hospital Association to adopt the principles of relationship between hospitals and Blue Cross plans that have been proposed by the American Hospital Association resulted in a violent argument, with Guy Clark of the Cleveland Hospital Council warning the hospitals that he feared the Blue Cross plans would dictate rates. Lee S. Lanpher of Cleveland also opposed the adoption of the principles. G. Gordon Strong, executive secretary of the Hospital Service Association of Toledo, who presented the principles, disclaimed any intention of having Blue Cross plans dominate hospital administration.

## Medical Service School Offers Training for Administrators

The medical field service school at Carlisle Barracks, Pa., on March 28 graduated 224 enlisted men as second lieutenants and on May 2 graduated 266. This school provides training for members of the medical administrative corps.

Lay hospital administrators who wish to continue in similar work after entering the Army are advised by the Surgeon General to take the necessary steps for their selection as officer candidates to attend this school. No appointments are being made to the medical administrative corps direct from civil life. The school has a capacity of 750 students of whom 250 are graduated each month. This provides a more adequate number of officers in this category.

## New York Hospital Names Pavilion

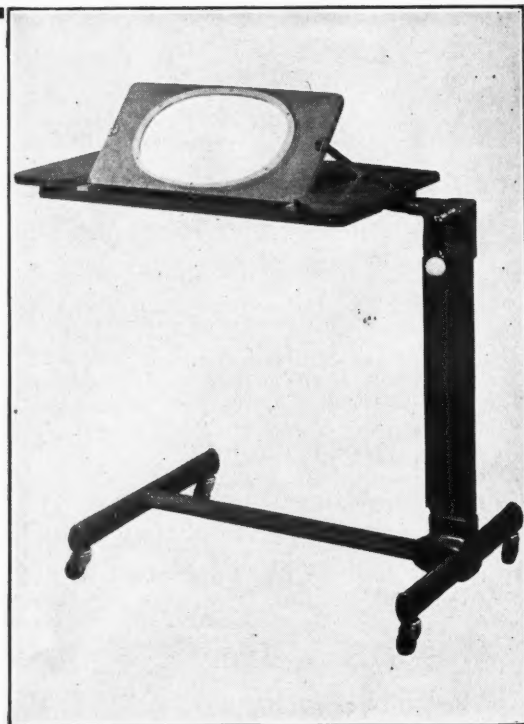
The private patients' division of the New York Hospital will be named the George F. Baker Pavilion, commemorating the part played by Mr. Baker and his son, George F. Baker Jr. in the development of the institution, the Board of Governors has announced. The senior Mr. Baker was a governor of the hospital from 1899 to 1931, and his son was governor from 1931 until his death in 1937.

## NEW! SINGLE PEDESTAL OVER-BED TABLE

***Ideal for Reading, Dressing,  
Playing Cards, Etc. . . . Fits  
Over Side of Bed or Chair***

Here's a new convenience for the patient and the nurse—a single pedestal over-bed table that can be used with either bed or chair. Easily moved into position from side of bed, and can be easily adjusted to any desired height (from 29" to 44") or position. Has all the standard HILL-ROM features, including vanity and reading rack. Finished in same manner as all HILL-ROM hospital furniture, and carries the usual HILL-ROM guarantee. Descriptive circular sent on request.

**HILL-ROM COMPANY, INC., BATESVILLE, IND.**



# HILL-ROM FURNITURE

FOR THE MODERN HOSPITAL



**"The Patient  
is Doing Nicely,  
Thank You..."**



● Roles have changed. Today many hospitals need "institutional hospitalization" for themselves, for the treatment of war jitters. Reduced personnel, mounting costs, and the difficulties of obtaining needed hospital supplies and equipment are just a few of the contributing factors that help build up a case for the hospital against itself.

But by and large, "the patient is doing nicely, thank you"... and major problems are met as they occur. Every new complication in the manufacture and availability of supplies and equipment in which "critical materials" are used, has a logical solution somewhere. It's part of our job to *find* and *apply* the right answers to these never-ending problems. It's part of our function to keep you posted as to just what items are *available*... and to do our super-best to see to it that your needs are properly met. But our biggest job is to *hunt down* and *nail down* every available item of hospital supplies and equipment... in *original* or *alternative* form... on a basis of special suitability for hospital service.

**WILL ROSS, Inc.**  
QUALITY HOSPITAL SUPPLIES  
MILWAUKEE WISCONSIN



## Kellogg Foundation's Grants Are Largest in Its History

Grants totaling \$1,350,000 were made last month by the Kellogg Foundation to medical and dental schools and collegiate schools of nursing in the United States and Canada to aid students whose financial status has been impaired by the accelerated curriculums adopted as war measures.

A grant of \$10,000 is made to each four year medical school and \$5000 to each two year medical school and other grants to the other types of institutions. The money may be used either to set up loan funds or to establish scholarships or both. It need not be repaid to the foundation.

The foundation has also made a grant of \$30,000 to the American Red Cross for organizations represented in the Nursing Council for National Defense in its recruiting and training work.

As a result of its various war-time grants, the foundation's expenditures exceed \$4,100,000, the largest in its history.

### Funds Awarded Summer Courses

Federal funds have been allotted to 109 schools of nursing in 31 states for conducting basic nursing courses to begin in June, the U.S.P.H.S. announces. These classes have enrolled 3713 students.

## More Navy Nurses Needed

Sue S. Dauser, superintendent of the Navy Nurse Corps, says 2000 more nurses will be wanted in the coming year by the Navy. Miss Dauser regrets the fact that many nurses in the Reserve Navy Nurse Corps do not understand why they are not immediately called. In their enthusiasm to serve their country, it is difficult for many nurses to realize that standing by ready for duty is one form of service. Nurses in the reserve are given sufficient notice when they are called to arrange their affairs and conclude any commitments.

## F.B.I. Makes Bulletin on Sabotage Available

A confidential bulletin entitled "Suggestions for Protection of Industrial Facilities," recently issued by the Federal Bureau of Investigation, has many suggestions that are applicable to hospitals. Properly identified hospital officials can obtain copies from local F.B.I. officers or by writing to the headquarters in Washington, D. C.

President Roosevelt has requested all police officers, sheriffs and other law enforcement officers to turn over to the nearest representative of the F.B.I. any information obtained relating to espionage, sabotage and subversive activities.

## Total Blue Cross Enrollment Passes Nine Million Mark

The largest enrollment ever recorded during the first quarter of any year and the fourth largest enrollment for any quarter was made by the approved Blue Cross hospital service plans during the first three months of 1942. The net gain for this period was 592,000 participants, bringing the total enrollment to 9,049,000.

Of these, 48 per cent are subscribers and 52 per cent are dependents. Four new plans were given approval during this period, namely, the plans in Sioux City, Iowa; Omaha; Lima, Ohio, and Toronto, Ont. Total enrollment in these plans was 106,000. The net growth of the 67 plans previously approved was, therefore, 486,000.

The largest net gains for the quarter were reported by the following plans: Detroit, 48,000; Chicago, 47,000; Philadelphia, 34,000; Buffalo, 28,000; Denver, 24,000; Cincinnati, 22,000; Boston, 21,000, and Newark, 20,000.

### St. Louis Plan Moves Offices

The St. Louis Group Hospital Service announces a change of address effective June 1. The plan offices, together with the Medical-Dental Service Bureau, will occupy quarters in the Continental Bank Building, 3615 Olive Street, St. Louis.

# WALLS THAT ARE TAILORED TO YOUR HOSPITAL'S NEEDS



LOOK at this remodeled X-ray Waiting Room in the Blodgett Hospital, Grand Rapids, Michigan. See how the walls have been modernized with a wainscot of Armstrong's Linowall.

Linowall has an important function in remodeling work of this type. No matter what the irregularities in layout or how numerous the corners, this flexible material provides a smooth, sanitary wall surface all way round the room. It eliminates gaping seams and dirt-collecting cracks. Its resilient surface resists scuffs and scars.

Linowall is easy to maintain, too. Mild soap and water quickly remove finger marks and smudges from its factory-lacquered surface. No expensive refinishing is necessary.

Easily installed over any sound plaster area, this wall covering gives years of service . . . and at reasonable cost. Want full facts on Linowall? Then write today to the Armstrong Cork Company, Floor Division, 1231 State Street, Lancaster, Pennsylvania.



## ARMSTRONG'S LINOWALL

Made by the makers of Armstrong's Linoleum and Resilient Tile Floors

"HOSPITAL-CLEAN!" That's the best way to describe the sanitary wainscot of Armstrong's Linowall No. 703 in the Blodgett Hospital, Grand Rapids, Michigan. The floor is Armstrong's Jasper Linoleum.

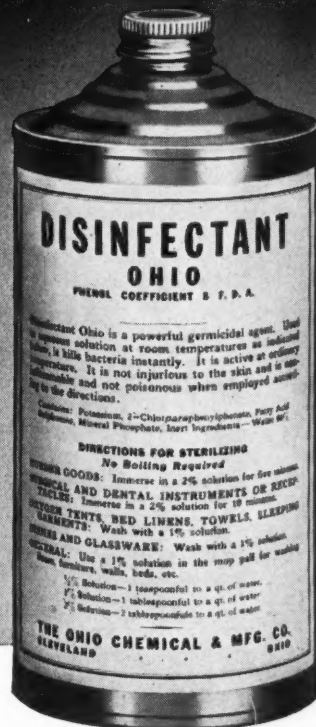


# COMMON SENSE DICTATES *Conserve Rubber*

...sterilize with

DISINFECTANT

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## Keep ALL Equipment in "top notch" condition with OHIO SERVICE

• Continuous curtailment in the production of equipment made of metal makes the conservation of existing apparatus most imperative. We at Ohio Chemical want to aid you in this as much as possible. All Ohio representatives have been instructed to ask if they may check your therapy apparatus when they call. They will make minor repairs on the spot. Major repairs will be made at one of our repair stations which are located so as to provide nation-wide service.

**R**UBBER IS VITAL TO THE WAR EFFORT . . . conservation is patriotic as well as just plain sensible. *Disinfectant Ohio*, when used in aqueous solutions at room temperature, completely sterilizes but does not injure rubber. Its use eliminates the need of boiling or autoclaving—sterilizing treatments that shorten the life of any rubber part. *Disinfectant Ohio* is a powerful germicidal agent that is non-poisonous, non-inflammable, and non-injurious to the skin when used as directed. It contains Potassium, 2-Chloropara-phenylphenate, Fatty Acid Sulphonate, Mineral Phosphate, Inert Ingredients and Water. *Disinfectant Ohio* can be used not only for the sterilization of rubber parts, but also to sterilize surgical and dental instruments, oxygen tents, dishes, glassware and as a general disinfectant for all cleaning. *Write for price list.*



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*Pioneers and Specialists in Anesthetics*

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## Children's Memorial Issues Striking Annual Report

Unusual photographs and unusual typography feature the new annual report of Children's Memorial Hospital, Chicago, issued in May. Among important events chronicled is the establishment of ward rounds for board members on the first Monday morning of each month, announced by Dr. C. Anderson Aldrich, physician in chief.

In closing the administrator's report, Mabel W. Binner states: "Personal ambition, greed and cruelty are temporarily dominating unselfish effort and constructive kindliness. Only when human relationships are governed by high spiritual values will national and international conflict be at an end. Our hospital today is an evidence of that unselfish effort and must continue more than ever before to provide for better health, physically, mentally and spiritually, for these children, our future citizens."

### Surgical Shipment to Britain

Included in a recent shipment to England for distribution to hospitals through the British Red Cross were approximately 5000 new and used surgical instruments and pieces of apparatus ranging from complete operating kits to eye, ear, nose and throat outfits.

## ★ ★ ★ ★ ★ Honor Roll

Hospital administrators and assistant administrators serving in the armed forces:

### U. S. Army

Dr. A. M. McCarthy, George C. Hixon Hospital, Electric Mills, Miss.  
Dr. Leo B. Mulligan, St. Louis City Hospital, St. Louis.  
Dr. P. W. Wagley, Pontiac State Hospital, Pontiac, Mich.  
Dr. Guy W. Brugler, University Hospitals of Cleveland, Cleveland.  
N. J. Sepp, Shady Side Hospital, Pittsburgh.

Robert Hawthorne, Salem Hospital, Salem, Mass.

### U. S. Navy

Dr. C. C. Clay, St. Barnabas Hospital, Minneapolis.

### Royal Canadian Air Force

Gordon A. Friesen, Belleville General Hospital, Belleville, Ont.  
Graham L. Stephens, Evanston Hospital, Evanston, Ill.

### Military Service (Branch Unknown)

Edward H. Heyd, Memorial Hospital, Wilmington, Del.



## Chicago Group Organizes Hospital Buyers' Association

Recognizing the need for a medium of exchanging ideas pertaining to priority and other purchasing problems, Chicago hospitals have organized the Chicago Hospital Buyers' Association. The organization's purpose is to have an interchange of thoughts on purchasing problems, with the exception of price discussion and group buying.

Officers elected are: Charles O. Auslander, Michael Reese Hospital, president; John Luft, Evanston Hospital, Evanston, Ill., vice president; John L. Moeller, Illinois Masonic Hospital, secretary.

### Shields Heads Health Supplies Branch

Francis M. Shields, Miami Beach, Fla., formerly vice president of the American Optical Company, Southbridge, Mass., has been appointed as chief of the Health Supplies Branch of the War Production Board. He succeeds William M. Bristol Jr., formerly chief of the branch, who has resigned to rejoin his own company. Fred J. Stock, who has been associated with the Health Supplies Branch for the past year as an industry commodity specialist, will be deputy branch chief. He was formerly an official of the Walgreen Drug Co., Chicago.

# Wesley wanted the last word in wards

When Wesley Memorial Hospital, Chicago, was only in the blueprint stage, it was determined that ward patients should be given *privacy* . . . that the staff should have *convenience*. So Judd Cubicle Curtain Equipment was specified for generous use. You can modernize your wards with this same patented equipment.

An illustrated brochure, showing Wesley's use of Judd Equipment and telling how you can profit with a Judd installation, is now being prepared. Write today; we'll reserve a free copy in your name.

The heart of Judd Equipment, which lets you transform an open ward into a compact series of private rooms in just a few moments.



H. L. JUDD COMPANY, Hospital Division:  
87 Chambers St., New York City; Branches: Chicago,  
Merchandise Mart; Detroit, 449 E. Jefferson Ave.;  
Los Angeles, 726 Washington Blvd.





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P E A C E  
BUT SERVING IN  
W A R**

**C**OLSON PRODUCTS are peace-time equipment. But because each Colson item is designed to *keep things moving*, Colson now serves vital production that must meet the needs of war.

So, throughout the arsenals of democracy, you'll find Colson equipment working day and night helping to speed arms and ammunition to the forces at the front.

**THE COLSON**

ELYRIA,  
*Offices and Agencies*



**CORPORATION**

OHIO  
*in Principal Cities*

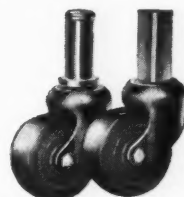
Casters • Industrial Trucks and Platforms • Lift  
Jack Systems • Bicycles • Children's Vehicles

Wheel Chairs • Wheel Stretchers • Inhalators •  
Tray Trucks • Dish Trucks • Instrument Tables



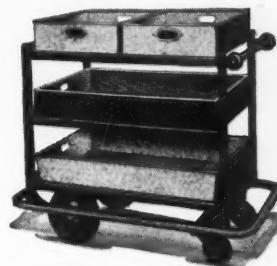
**WHEEL CHAIRS**—A complete line of deluxe and all-purpose chairs for adults and juveniles. The various types include cane filled seats and backs; all wood bodies; fully adjustable and semi-adjustable styles; and folding models. Colson wheel chairs are standard equipment in hundreds of hospitals, both large and small.

*Write for complete Wheel Chair Catalog.*



**CASTERS**—The Colson Caster line comprises scores of sizes and styles for institutional equipment, including casters for wood and metal furniture; bed casters with and without brakes; extension stem casters; casters for wheel stretchers, carts and tables; and general purpose casters for light and heavy trucks. All are long wearing, quiet and easy rolling.

*Send for complete Caster Catalog.*



**INSTITUTIONAL TRUCKS**—The wide selection of Colson trucks for hospital use includes dish trucks, tray trucks, oxygen-tank trucks, laundry trucks, dressing carts and instrument tables. Each model meets a specific institutional need and is designed to give long, satisfactory service.

*Write for Colson Hospital Equipment Catalog.*



**WHEEL STRETCHERS**—Colson wheel stretchers have many special features that make them preferred stretchers in many leading hospitals. The various styles include tubular and steel angle chassis with four small wheels or two large and two small wheels. Litters may be regular, tilting or elevating. Described in detail in the Colson Hospital Equipment Catalog.



## Maine Hospitals Cooperate in Blood Plasma Bank Plan

Fourteen Maine hospitals are cooperating in an integrated system of blood plasma banks for civilian protection under a plan drawn up by the Tufts College Medical School.

Collection depots are set up in each of the hospitals and blood is forwarded to the Central Maine General Hospital in Lewiston. Plasma is then returned to the local hospital for future emergency use.

A small part of the processed plasma is retained in a regional center for use in a community that suffers a major disaster. The plan is functioning among hospitals that are also cooperating in other phases of their work with the assistance of the Bingham Associates Fund.

## Georgia Hospital Authorized

Plans to construct a 100 bed hospital, including a new heating plant and laundry, have been announced by the hospital authority of Albany and Dougherty County, Georgia. The program will be financed by a federal grant supplemented by other funds. William J. J. Chase of Atlanta will be the architect for the new building, which is expected to cost \$400,000. The office of Dr. William H. Walsh will act as consultant.

## Librarians Plan Summer Institute

Sponsored by the Duke University Medical School and Hospital and the Duke Medical Record Librarians' Alumnae Association, an institute for medical record librarians will be held July 13 through 15 at Duke Hospital, Durham, N. C. Complete information may be obtained by writing to Mrs. Je Harned, Box 3307, Duke Hospital, Durham, N. C.

## Physicians Oppose New Hospital

Opposing the erection of a \$400,000 hospital in Fayetteville, N. C., the Cumberland County Medical Society appeared before the board of county commissioners last month. The society contended that there is more than a sufficient number of hospital beds in the county and that the county has no right to operate a hospital without a mandate of the people. After hearing the opposition, the commissioners ruled that nothing could be done to halt construction.

## Can Cure Gonorrhea in Five Days

Sulfathiazole can effect a five day cure for gonorrhea, according to a recent announcement by Surgeon General Thomas Parran, U. S. Public Health Service. Doctor Parran states that the cure has been proved in large scale tests. It is now being recommended for routine use by the medical profession.

## Tri State Associations Choose Officers for 1942

Dr. Malcolm T. MacEachern, associate director of the American College of Surgeons, was chosen as chairman of the Tri-State Hospital Assembly to succeed Doctor Buerki.

Frank G. Sheffler of Union Hospital, Terre Haute, Ind., was chosen president-elect of the Indiana Hospital Association. Other Indiana officers are: president, Anna Rosser, Vermillion County Hospital, Clinton; vice president, Dr. C. W. Myers, City Hospital, Indianapolis; treasurer, Frank G. Sheffler.

Dr. L. V. Ragsdale of Butterworth Hospital, Grand Rapids, was chosen as president-elect of the Michigan Hospital Association. Other officers are: president, Graham L. Davis, Kellogg Foundation, Battle Creek; first vice president, J. A. Blaha, Grand View Hospital, Ironwood; second vice president, Mrs. Elizabeth Nichols, Community Hospital, Battle Creek.

Illinois reelected all of its officers and Wisconsin holds its election in January.

## Virginia Unit Ordered to Active Duty

The hospital unit of the Medical College of Virginia, Richmond, has been ordered to active duty. The unit is designated as General Hospital 45. Lieut. Col. Powell Williams is unit director.

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Dependability--  
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Don't accept doubtful substitutes. There is only one genuine Lysol. If it isn't made by Lehn & Fink, it isn't Lysol.

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1. **Lysol is effective**—phenol coefficient 5. Kills all kinds of microbes that are important in disinfection and antisepsis.
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3. **Lysol is economical**—can be diluted 100 to 200 times and still remain a potent germicide. (In bulk, Lysol costs only \$1.35 per gallon—when purchased in quantities of 50 gallons or more.)
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6. **Lysol is efficient in presence of organic matter**—i.e., blood, pus, dirt, mucus, etc.

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**STONE HALL CO.**  
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## Offers Solution to Imminent Lack of Qualified Radiologists

Suggestions for meeting the impending lack of qualified radiologists were presented last month by the American College of Radiology.

For full-time positions in hospitals, it was suggested that a *locum tenens* be obtained, after obtaining the approval of the hospital staff and administrator, and a private agreement be executed between the parties. It was suggested that about 25 per cent of the net return of the department should go to the absentee or his family.

If this is not feasible, the radiologists remaining in the community may share the work of the department on a similar basis, the division of funds to be agreed upon between the parties with the advice and recommendations of the hospital and the local radiologic society.

## War-Time Officers Are Nominated via Telephone

An unusual but practical method of selecting officers was chosen by the nominating committee of the Association of Western Hospitals recently.

When the annual assembly was postponed indefinitely by the war situation, the nominating committee had to devise some way of naming officers for the

June 1-5—Purchasing Institute, American Hospital Association, University of Michigan, Ann Arbor.  
June 3-6—National Executive Housekeepers Association, Detroit.  
June 8-12—American Medical Association, Atlantic City, N. J.  
June 15-19—Canadian Medical Association, Jasper Park, Alberta.  
June 15-19—Catholic Hospital Association, Stevens Hotel, Chicago.  
June 15-25—New England Institute for Hospital Administrators, Harvard Medical School, Boston.  
June 22-26—Accounting Institute, American Hospital Association, Indiana University, Bloomington.  
June 22-26—Canadian Nurses' Association, Windsor Hotel, Montreal, Que.  
Aug. 17-21—National Medical Association, Cleveland.  
Aug. 24-28—American Dental Association, Boston.

## Coming Meetings

Sept. 9-11—American Congress of Physical Therapy, Hotel William Penn, Pittsburgh.  
Sept. 14-26—A.H.A. Institute for Hospital Administrators, International House, University of Chicago, Chicago.  
Oct. 12-16—American Hospital Association, St. Louis.  
Oct. 19-22—American Dietetic Association, Detroit.  
Oct. 19-23—American College of Surgeons, Hospital Standardization Conference, Stevens Hotel, Chicago.  
Oct. 26-31—American Public Health Association, St. Louis.  
Nov. 5-6—Maryland-District of Columbia Hospital Association, Carvel Hall, Annapolis, Md.  
**1943**  
Feb. 18-19—Texas Hospital Association, Texas Hotel, Fort Worth.  
April 14-16—Hospital Association of Pennsylvania, Bellevue-Stratford Hotel, Philadelphia.

coming year. It decided to telephone. Consequently, at precisely 3 p.m. on the afternoon of March 27, the chairman called the meeting to order via a five way telephone connection. Each member of the committee (residing in Portland, Ore.; Wenatchee, Wash.; Salt Lake City, Utah; Tucson, Ariz., and San Jose, Calif.) was allowed five minutes to express his views and name his candidates.

Results of the thirty minute conference were: president-elect, Mrs. Cecile Tracy Spry, R.N., General Hospital of Everett, Everett, Wash.; first vice president, Ralph Couch, Oregon Medical School

Hospitals and Clinics, Portland; second vice president, Sister Elizabeth Clare, R.N., Providence Hospital, Oakland, Calif.; treasurer, William P. Butler, San Jose Hospital, San Jose, Calif. The new terms of office began April 16 and will continue until successors have been named.

## Western Institute Canceled

Because of the war-time emergency, the 1942 Western Institute for Hospital Administrators, which was to have been held at Stanford University in August, has been canceled.

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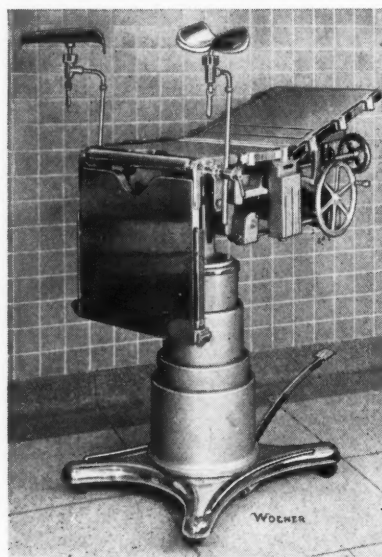
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Despite the fact that everyone is doing just a little bit more these days—hospital administrators and hospital boards are faced with a serious problem. In order to retain the approval of the various standardizing organizations they must make certain that each department is manned by a corps of workers especially trained in the branch of service in which they are engaged.

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# Names in the News

## Administrators

MAURICE DUBIN, after serving as executive director of Sydenham Hospital, New York City for five years, has resigned that position. Mr. Dubin is succeeded by EMIL GREENBERG, formerly administrator of Beth Israel Hospital, New York City.

NETTIE MACMILLAN, superintendent of Lockport Hospital, Lockport, N. Y., for the last thirteen years, has resigned

her position. Miss MacMillan was superintendent of the hospital for several years before the first World War but resigned to become an Army nurse.

CHARLOTTE PFEIFFER has resigned as superintendent of Evangelical Deaconess Hospital, Lincoln, Ill. Miss Pfeiffer's successor has not been named as yet.

WILLIAM F. NOONAN, superintendent of the Josiah B. Thomas Hospital, Peabody, Mass., has submitted his resigna-

tion to the hospital's board of trustees.

CORA GOULD, formerly superintendent of Children's Country Home, Westfield, N. J., has been appointed superintendent of Orthopaedic Hospital, Orange, N. J. She succeeds RUTH COON, whose appointment as assistant director of the Military and Naval Welfare Service, Eastern Area, Alexandria, Va., was recently announced.

MARY V. STEPHENSON, after twenty years of hospital service, resigned as superintendent of the Hospital of the University of Pennsylvania, Philadelphia, on May 1.

MAYME A. PECK has been named superintendent of Nassau Suffolk General Hospital, Copiague, N. Y.

GRACE CORDON has taken over her new duties as superintendent of Columbus County Hospital, Whiteville, N. C.

SISTER MARY TERESIA has been appointed superintendent of St. Mary's Hospital, Waterbury, Conn., effective June 1. Sister Teresia succeeds SISTER SACRED HEART, who goes to Stamford, Conn., to head the new St. Joseph's Hospital, which will open soon.

DR. FRANCIS J. BEAN, for 13 years assistant superintendent of the University of Nebraska Hospital, Omaha, will become superintendent of the Henry W. Putnam Memorial Hospital, Bennington, Va., on July 1.

T. A. WHITLOCK has been named superintendent of McSwain Clinic, Paris, Tenn.

DR. RUFUS R. LITTLE, superintendent of the Utah State Tuberculosis Sanatorium, Ogden, has been named superintendent of New Hampshire State Sanatorium, Glenduff, N. H., succeeding the late DR. ROBERT DEMING.

MARGARET A. HEBERT, superintendent of Gardiner Hospital, Gardiner, Me., and GENEVA WHITTAKER, assistant superintendent, resigned their positions effective May 1.

GEORGE W. HOLMAN has been elected superintendent of York County Hospital, Rock Hill, S. C.

## Department Heads

ARTEMISE MOTT, formerly dietitian at Providence Hospital, Mobile, Ala., has assumed her new duties as dietitian at St. Mary's Memorial Hospital, Knoxville, Tenn.

## Miscellaneous

EUGENE SALISBURY, executive secretary of the Hospital Council of Chicago, has been granted a captain's commission in the Army Medical Administrative Corps. Mr. Salisbury will be in charge of personnel for Evacuation Unit No. 25, which is connected with West Suburban Hospital, Oak Park, Ill.

SAMUEL J. BARHAM, formerly assistant director of Associated Hospital Service

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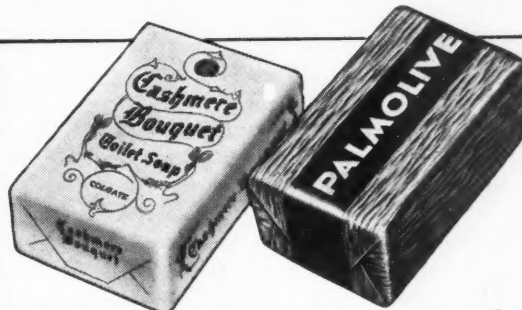
**In Purity...In Mildness...In Economy  
...No other soap is better suited to  
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**W**HEN is a soap "just right" for patient care? We believe you'll find the answer when you try Colgate's Floating Soap — *the soap made specially for hospital use!*

In purity, Colgate's Floating meets the most rigid requirements. Its mildness, and its rich abundance of fast-cleansing, gentle lather have made Colgate's Floating a strong favorite with nurses and patients alike. Its economy has made it

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Ask for prices on Colgate's Floating Soap in the sizes and quantities you need. At the same time, request a free copy of the Colgate-Palmolive-Peet handy "Soap Buying Guide." See your local Colgate-Palmolive-Peet representative, or write to us direct if you prefer. No obligation, of course.



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Corporation of Massachusetts, Boston, has been named executive director of the Kansas Hospital Service Association, Inc.

CLIFFORD SARATSO, formerly a member of the personnel department of St. Luke's Hospital, New York City, and a graduate of the course in hospital administration at the University of Chicago, joins the rural hospitals division of the Commonwealth Fund on June 1.

DR. GEORGE S. STEVENSON, medical director of the National Committee for Mental Hygiene, has been elected president of the National Health Council for 1942. Doctor Stevenson succeeds Dr. KENDALL EMERSON, who is managing director of the National Tuberculosis Association.

DR. JACQUES P. GRAY, a unit director of the Michigan Community Health Project of the W. K. Kellogg Foundation, has been appointed professor of preventive and public health medicine and dean of the Medical College of Virginia, Richmond. The appointment is effective July 1.

BRIG. GEN. GEORGE C. DUNHAM, Medical Corps, U. S. Army, has been made director of a new division of health and sanitation in the office of Inter-American Affairs. General Dunham will head a mission to Ecuador to undertake malaria control, improvement of sewage

facilities and other sanitary measures in cooperation with the government of Ecuador.

DR. FRED W. RANKIN, Lexington, Ky., has resigned as a member of the medical advisory board of the Office of Civilian Defense and will be succeeded by JOHN T. O'ROURKE, D.D.S., Dean of the University of Louisville School of Dentistry. Doctor Rankin, president-elect of the American Medical Association, has been called into active military service.

DR. FRANCIS E. DILL, native of Oklahoma, has joined the staff of O.C.D. He has served as special epidemiologist of the U. S. Public Health Service, practiced general medicine and surgery for ten years. Since 1941 he has been state health director of N.Y.A.

CHRISTOPHER JANUS, director of the nurses' home campaign for St. Luke's Hospital, Chicago, and editor of the hospital's monthly news bulletin, has been placed in charge of the Navy Relief Society Campaign of Chicago. MARION PIERCE, original editor of *St. Luke's News*, has returned to the hospital as director of public relations. She also will resume her work on the *News*.

ANTOINETTE RAJEK, a member of the Mercy Hospital social service staff, Chicago, has resigned to accept a post as social worker for Ridge Farm Preventorium.

## Deaths

ROXANNA GRAY, superintendent of Homestead Hospital, Homestead, Pa., died at the hospital on May 4. Before going to Homestead last July, Miss Gray had been superintendent of Canonsburg Hospital, Canonsburg, Pa., for ten years.

WALTER J. GROLTON, administrator of the University of Arkansas Hospital, Little Rock, Ark., and former superintendent of St. Louis City Hospital, St. Louis, died suddenly following a heart attack last month.

DR. SHIRLEY W. WYNNE, former trustee of the New York State Hospital for Incipient Tuberculosis, Otisville, N. Y., and New York's commissioner of hospitals from 1924 to 1936, died in New York City last month of acute appendicitis with peritonitis. Doctor Wynne was also commissioner of health for New York City from 1928 to 1933.

## Government Buys Sanitarium

Purchase of the principal buildings of Battle Creek Sanitarium, Battle Creek, Mich., by the federal government has been announced. The sanitarium will move into new quarters in Battle Creek and the government will take possession of the old buildings about August 1. It is believed probable that a general hospital will be established in the buildings purchased by the government.

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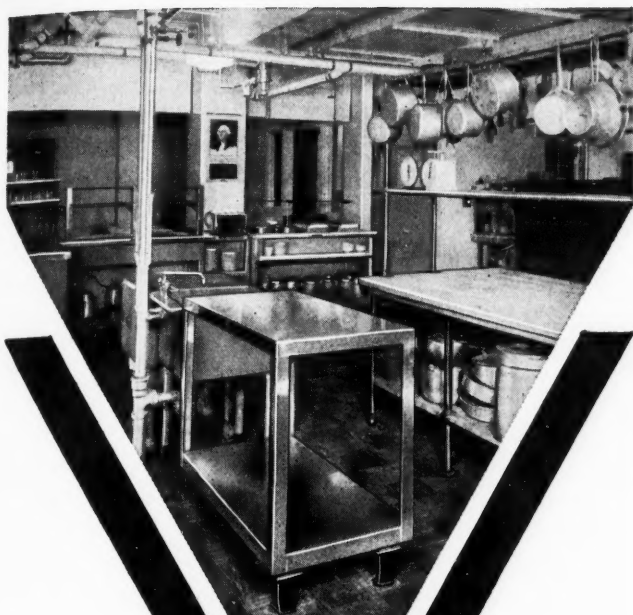
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## Books on Review

**ROENTGEN TREATMENT OF INFECTIONS.**  
By James F. Kelly, M.D., and D. Arnold Dowell, M.D. Chicago: The Year Book Publishers. 1942. Pp. 432. \$6.

Well printed and easy to read, this book deals extensively with roentgen ray treatment of infections. The first chapter treats concisely the subject of x-ray physics and dosage. The usages and clinical features, indications and contra-indications for x-ray therapy of infections are dealt with.

The history of the treatment of gas bacillus infection by means of the roentgen ray is considered in detail and comprises a large portion of the book. The authors review personal cases and cases from the literature; they have done much in this book to place the irradiation of gas infections before the medical profession.

In discussing the roentgen ray treatment of pneumonia, the authors seem enthusiastic about the results. Oftentimes irradiation is of great help in alleviating pain and in lowering the temperature.

The chapter on acute conditions of the abdomen is well written and from the data presented by the authors the results

seem to be highly satisfactory. Radiologists in general know that roentgen ray therapy often aids in the convalescence of peritonitis and other abdominal conditions, but these cases must be carefully selected. However, it may be premature to recommend this means of therapy to the profession at this time.

The book should be in the library of every roentgen ray therapist. It would not be amiss for the surgeon to study carefully the text dealing with the therapy of gas infections.—EDWARD L. JENKINSON, M.D.

**A MANUAL OF BUSINESS METHODS FOR THE INSTITUTIONS AND DIVISIONS OF THE DEPARTMENT OF PUBLIC WELFARE.** By John C. Weigel. Springfield, Ill.: State Department of Public Welfare. 1941. Pp. 499.

The fiscal management of a state division that takes care of more than 56,000 patients, spends \$18,000,000 on annual maintenance and has conducted a construction program to the tune of \$35,000,000 in the last three bienniums is a job of first magnitude. Here in this handbook are set forth the procedures by

which this department has conducted its business. The text is clear, concise and readily understandable. It is illustrated with a copy of every form used, so that the reader can readily visualize what the author is talking about.

This book should take a prominent place on the shelf of every institutional administrator who wishes to have handy a ready reference of administrative practices.—M. POLLAK, M.D.

**DISHWASHING STANDARDS AND PRACTICES FOR QUANTITY COOKERY KITCHENS.** Compiled by J. O. Dahl. Stamford, Conn.: The Dahls. 1941. Pp. 64. \$1.

This new booklet presents the general subject in clear, concise terms. Technical terminology has purposefully been avoided, thereby illuminating the subject for all readers. Even the most experienced chef or dietitian will discover helpful suggestions to improve dishwashing service. It should be a must for every head dishwasher.

Detailed discussions of general equipment, layouts, sanitation, detergents and personnel make this small volume a source book which all persons responsible for dishwashing assignments will wish to own. The tips on care of glass and silver and the chapter on inspection are especially worth while.—KARL S. KLICKA, M.D.

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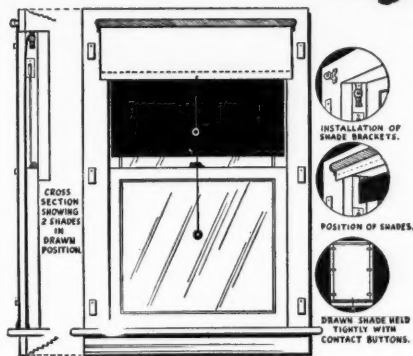
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"Tontine" is made of tough durable pyroxylin-impregnated cotton cloth—made the Du Pont way for longer life. "Tontine" shade cloth is made to resist tearing, cracking, pinholing, and fraying. It is laboratory tested, proved in use, and it's washable.

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 Full Blackout Details**

If your shades are mounted inside or outside the frame . . . if you get light leakage through Venetian blinds . . . if you want to continue using translucent or duplex-type shades—whatever your blackout problem, your "Tontine" dealer can give you the answer.

Write today for his name and address, or consult your classified telephone directory. He can measure, estimate, install and service your shades. And he can provide facilities for shade washing service at reasonable rates. E. I. du Pont de Nemours & Co. (Inc.), "Tontine" Sales, Newburgh, N. Y.

\* "Tontine" is Du Pont's reg. trade mark for its pyroxylin-impregnated window shade cloth.

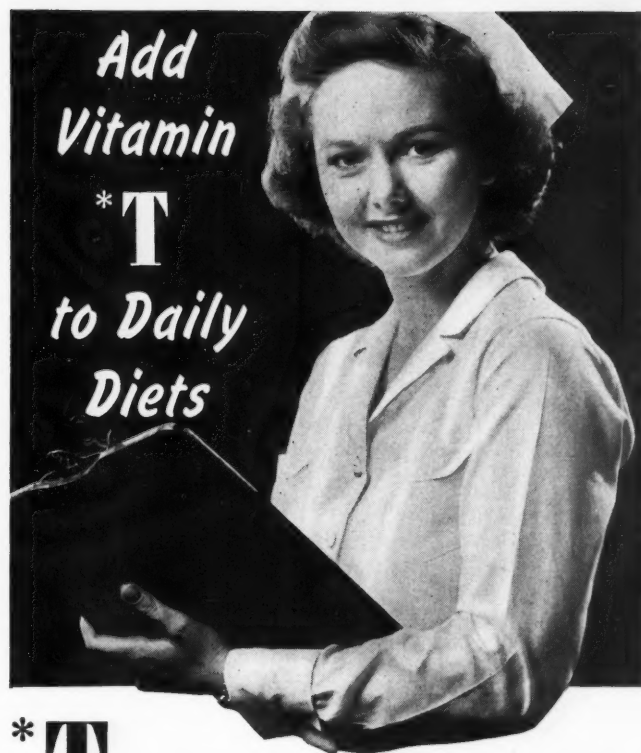
- Permit normal lighting
- Ready for instant use
- No complicated makeshifts
- No special handling
- No storage problems
- No light leaks when properly installed
- Washable
- Certified longer life



**"TONTINE"**

**WASHABLE  
 WINDOW SHADE CLOTH**

*Sold by  
 Authorized Dealers Everywhere*



Add  
 Vitamin  
 \***T**  
 to Daily  
 Diets

\***TABLECRAFT**

\*Reg. U. S. Pat. Off.


**ROSEMARY-BASCO**

**CLOTHS • NAPKINS • TRAY COVERS**

Modern hospital practice recognizes the convalescent value of creating as near home-like conditions as are consistent with institutional operation. •

Tablecraft napery contributes to this desired atmosphere. Patients and Staff like its smart appearance . . . its linen-like crispness. Woven in smart jacquard patterns and permanently finished by the exclusive Basco process, Tablecraft *will not lint* and retains its sparkling freshness through endless tubings and ironings. Another feature that finds favor with hospitals is ease of stain removal without need for strong bleach solutions, so often harmful to fabric strength.

Whether you buy or rent your table linens, it will pay you to specify TABLECRAFT by Rosemary—distributed and recommended by leading wholesalers from coast to coast.

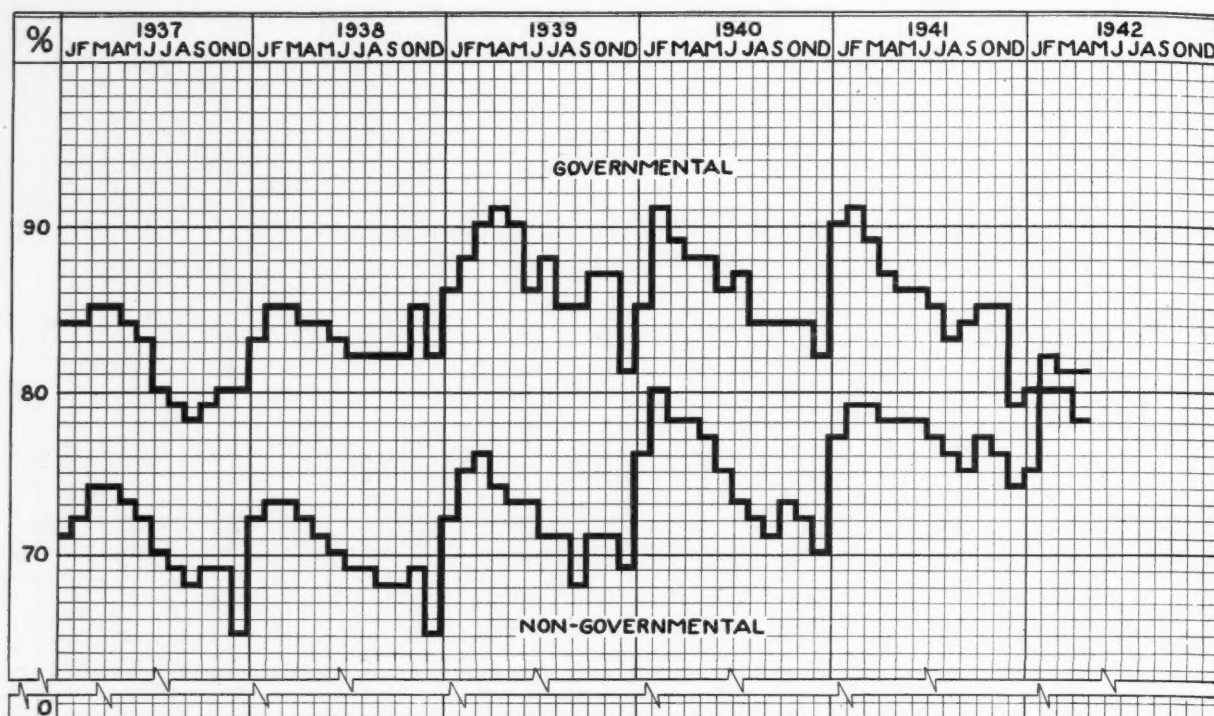
*Rosemary* 

**INCORPORATED**

**DEPT. 5-A • 40 WORTH STREET, NEW YORK CITY**



## Occupancy and Construction Remain High



Occupancy in nongovernmental general hospitals was revised upward for March on the basis of later figures and stayed at 78 per cent for April in preliminary reports. While these figures

were setting new high records, the occupancy in governmental general hospitals set new low records for the month.

Fifty-eight new hospital construction projects were reported from April 20

to May 18 with a total value of \$17,500,000. This brings the total since January to \$74,200,000 as compared with \$56,200,000 for the same four and one-half months of last year.

### There is a DIFFERENCE of OPINION

regarding the desirability of high or low moisture Soda Lime. But whichever you prefer, there is a Wilson Soda Lime to meet your needs. Two moisture grades—14-19% and less than 2%. Three mesh sizes—4-8, 8-14, 14-20. All are available in glass jars, gallon cans and five-gallon pails.

Manufactured under laboratory controlled conditions, Wilson Soda Lime offers you a uniform, dependable and economical CO<sub>2</sub> absorbent that has become the accepted standard of the profession. A product of Dewey and Almy Chemical Company, Cambridge, Mass.

*Your hospital supply dealer can fill your needs promptly.*

# WILSON

## SODA LIME

## PROVED GERMICIDAL EFFICIENCY AT LOW COST

For more than a century, Iodine has been continuously used by leading hospitals and medical men. Today it is still the most efficient germicide known.

Iodine is preferred by the medical profession because of its high germicidal value, its low toxicity and its exceptional penetrating power.

Encourage your staff to use "good old Iodine," the reliable germicide—low in cost—that helps keep expenses down.

FREE, a fact filled reference for your staff. Write Dept. I-6 today—now—for your supply.

**IODINE EDUCATIONAL BUREAU, Inc.**  
120 BROADWAY NEW YORK, N. Y.

# What's New for Hospitals

JUNE 1942 SUPPLEMENT TO THE MODERN HOSPITAL AND THE HOSPITAL YEARBOOK

## Wood Filing Cabinets

The Guardsman wood filing cabinet is being offered by Remington Rand as a substitute for steel. It is said to have the carrying strength required for a business lifetime of constant daily use and is built of hardwood with olive green finish. Grainings of walnut and mahogany applied by photolithic reproduction processes are also available.



Six vertical uprights connected with cross members by mortise and tenon joints supply carrying strength for loaded drawers. Back, sides and bottom are of three ply construction with five ply on top. Reinforcing glue blocks at top, bottom and beneath separators give needed rigidity. A new type of steel case slide gives further stability and adds to operating ease. Cross separators at three points between all drawer openings are joined to uprights by mortise and tenon joints to add to the structural strength. The hardware is tenite plastic and the steel followers are said to be positive in operation. Drawers and slides have been tested for eighty-five pound loads, according to the manufacturer.

The files are available in four drawer height in letter and legal drawer size. An eight by five card cabinet and a five by three substitute drawer are also available. (Key No. 840)

Remington Rand Inc., Dept. MH, Buffalo, N. Y.

## File Card Protector

A new transparent film which can be

**T**HIS supplement presents information on significant hospital products for the use of administrators, department heads and medical personnel. Only items of definite application in hospitals are described.

**THE MODERN HOSPITAL  
PUBLISHING CO., INC.**

919 North Michigan, Chicago, Ill.

applied to file or catalog cards or other records to protect them from wear and dirt is known as Life Extension Card-jacket. The records are made moisture-proof and greaseproof and can be wiped with a damp cloth when covered with this material. The film gives the appearance of a varnish coating and the reading matter is said to be more legible. A Cardwelder for applying Cardjackets is provided in the Life Extension Card-jacket Kit. (Key No. 736)

Seal, Incorporated, Dept. MH, Shelton, Conn.

## Room Ventilator

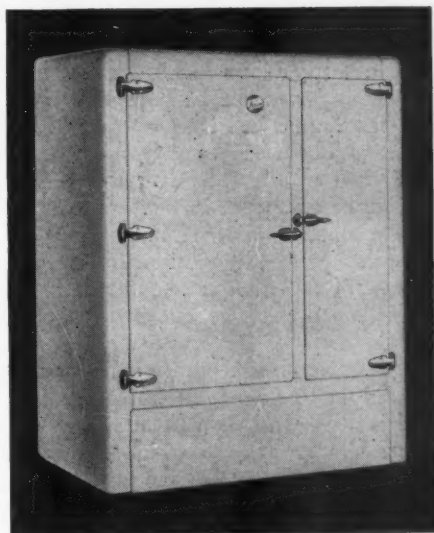
A new ventilating device which will bring filtered fresh air into the room, clean room air and exhaust stale air has been developed by the Pleasantaire Corp. The new machine is said to be the nearest thing to a room cooler which can be made at present when materials for complete air conditioning units are not available. Known as the "Blackout" Pleasantaire the device fits into the window with plywood wings filling in the additional space on either side of the unit. The cabinet is designed to accommodate refrigeration equipment when it can again be made.

Covered in simulated leather, this room ventilator is twenty-eight inches wide and fourteen and one-half inches deep. The oil treated filters are of spun glass. (Key No. 799)

Pleasantaire Corp., Dept. MH, Tower Bldg., Washington, D. C.

## Blood and Plasma Refrigerator

A refrigerator specifically designed for the safe storage of blood and plasma has just been announced by the McCray Refrigerator Company. With the advice and assistance of specialists in both civilian and military hospitals and laboratories, the company engineers have designed these blood bank refrigerators



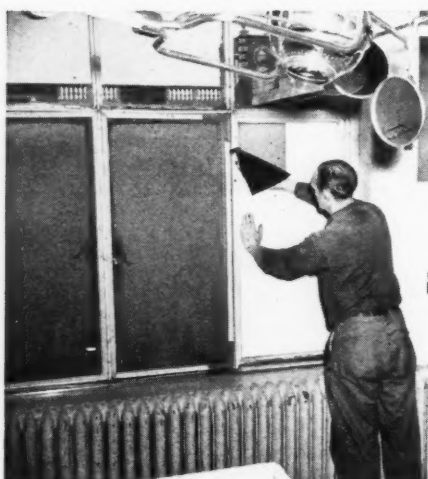
to meet the exacting requirements of their use.

One feature of the refrigerator is said to be the maintenance of two separate temperature levels within the one cabinet. A compartment with a capacity of approximately eleven cubic feet maintains a temperature of 40° F. while the second, a freezer compartment with a capacity of approximately nineteen cubic feet, maintains a temperature of zero degrees F. The latter compartment is designed for storing and freezing and for keeping plasma safe for an indefinite period. Temperatures in each compartment are controlled by separate thermostats which are said to be easily adjustable to desired levels.

The interior lining of both storage compartments is of white porcelain, the exterior front and doors are of the same material with sides and back of Dulux. The refrigerator is self-contained, having a one third horsepower condensing unit installed in the base. Correct engineering and thorough insulation are said to ensure efficient, dependable, economical operation. (Key No. 838)

McCray Refrigerator Co., Dept. MH, Kendallville, Ind.





### Shatterproof Blackout Protection

A new product which provides shatterproofing and blackout protection at the same time has been introduced by Chicago Show Printing Company and is known as Air-Aid. This material is said to be absolutely impervious to light and completely effective in adhering to glass and preventing particles from flying in case of explosion or bombing.

Air-Aid is available in rolls of various widths and can be cut to any desired length. The protective material is peeled off and the blackout, shatterproofing Air-Aid is applied to the surface to be protected simply by placing it in position and pressing firmly. No special skill or tools are required and application is simple and easy.

The method of application gives Air-Aid wide flexibility for quick application to windows, doors, skylights and other glass surfaces. It is easily removed by simply peeling off and may be reapplied when needed. However, the exterior black is weatherproofed and nonreflective and may be applied to the exterior of windows for an indefinite period. The same product in light finish may then be applied to the interior of the window to brighten the room. Skylights and the upper part of operating room and other strategic windows can be so treated, leaving only the lower part to be quickly covered with Air-Aid in case of blackout warning.

The product is said not to be affected by light, extreme dryness, moisture or high or low temperature and does not dry out. It has great tensile strength to withstand extreme pressure and hold together the shattered fragments of glass, according to the manufacturer. Another advantage claimed is that it leaves no residue when peeled off and does not mar glass or wood finishes, eliminating any refinishing when danger is past. (Key No. 828)

Chicago Show Printing Co., Dept. MH, 2635 N. Kildare Ave., Chicago, Ill.

### Liquid Utensil Cleaner

Vollrath Nu-Steel liquid cleaner not only erases all but the most obstinate heat spots and permanent surface discolorations with ease, according to the manufacturer, but helps protect the surface and materially retards discoloration of any type of metal, porcelain or enameled utensil. It can be used with safety to utensils and to hands, it is said, and is free from any substance that might be injurious. It is noninflammable and can be used near an open flame without danger.

A highly concentrated product, a small amount of Nu-Steel is applied to a damp cloth and a few brisk rubs clean the utensil, giving it a bright finish. If a higher luster on stainless steel is desired the manufacturer states that a little polishing with a soft, dry, clean cloth is sufficient.

Vollrath Nu-Steel is available in twelve ounce, quart and gallon containers and in kit form. The complete kit consists of a twelve ounce container of the cleaner, two cellulose sponge pads and one stainless steel wool pad. (Key No. 834)

Vollrath Co., Dept. MH, Sheboygan, Wis.



### Cleaning Compound

A new cleaning compound known as Tay-Kof for use in kitchen machinery and equipment is said to be compounded of materials which hold lime in suspension so that it can run off through overflow and drains. In this way lime film is said to be prevented from forming on moving parts of machinery immersed in water or working under constant water pressure.

Only a small amount of this cleaner is said to be necessary to keep glassware, dishes and silverware in good condition. One teaspoonful to a gallon of water is the recommended solution for ordinary cleaning requirements but slightly more may be used for pots and pans and extra greasy surfaces. Tay-Kof is packaged in 125 pound drums and the manufacturer states that samples will be mailed to institutions on request. (Key No. 845)

Fred de Liguori, Dept. MH, 917 New York Ave., N. W., Washington, D. C.

### Baralyme

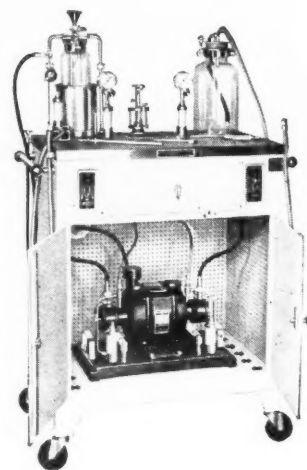
Baralyme is a new product developed for the efficient absorption of carbon dioxide from closed rebreathing systems. The manufacturer states that Baralyme has no intermittent periods of exhaustion, contains no inert binders, is not hygroscopic and generates little heat in the canister. It is said to eliminate hazard of burns to the face and mucous membrane. Baralyme is pellet shaped, which is said to minimize dusting, and will remain materially unchanged in storage. (Key No. 846)

Thomas A. Edison, Inc., Dept. MH, Medical Gas Division, Bloomfield, N. J.

### Improved Suction and Pressure Apparatus

The new model Bellevue hospital suction and pressure apparatus offers several improvements. A support of four coil springs immediately under the point of greatest weight is said to eliminate vibration and the noise of the motor when in operation. The single unit lubrication system is also a new feature. On top of the cabinet there is an oil reservoir containing a plunger. One downward stroke of the plunger is said to send a sufficient amount of oil to all parts of the apparatus requiring lubrication to handle five hours of operation.

The unit is designed for continuous operation under conditions imposed by



heavy duty hospital work. It is equipped with a one gallon size suction bottle. The ether supply has a double heating device and both ether and vacuum lines are equipped with filter systems. Pressure and vacuum gauges and regulating valves are on top of the cabinet for easy access. The unit is said to be fireproof and explosion proof. (Key No. 789)

J. Sklar Mfg. Co., Dept. MH, 38-04 Woodside Ave., Long Island City, N. Y.



### Waterproofed Material

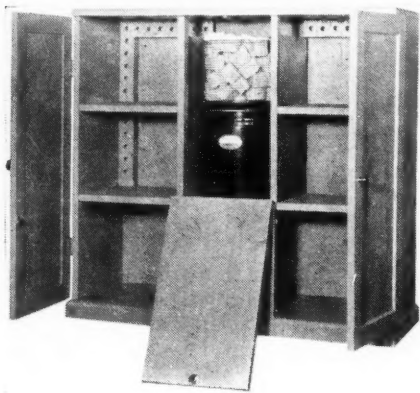
Hydro-Tex is a new fabric impregnated throughout the entire body of the material with a secret process containing no rubber, making it impervious to the action of water on both sides of the material. The treatment is said to be permanent and cannot be removed.

Hydro-Tex, according to the manufacturer, is soft and pliable, may be washed repeatedly in soap and water, will not curl, crack or peel, and resists oil, uric acid and most chemicals. It will not deteriorate through change in temperature or from being constantly in water. (Key No. 830)

Hydro-Tex Corp., Dept. MH, 564 W. Adams St., Chicago, Ill.

### Cabinet Type Dehumidifier

A new cabinet type dehumidifier is being offered by General Air Conditioning Corporation to safeguard drugs and instruments against the effects of excess moisture in the air. The "Dry-Cabinet" is said to keep air dry, clean and wholesome, prevent mold, mildew and dampness and reduce their attendant odors. Excess moisture is taken from the air by the Water-Sorber dehydrating chemical cubes. Circulation of dry air throughout the cabinet is provided by a flue that runs up both sides to the top of the chemical unit. Built to provide ample and convenient storage space, the cabinet is of wood, thirty-four inches



high, thirty-eight inches wide and four-teen inches deep.

Water-Sorber units, in several sizes and models, for use in spaces and buildings where infiltration is at a minimum are also available. These units are said to meet many requirements for low cost humidity control in operating rooms, drug rooms and laboratories. (Key No. 843)

General Air Conditioning Corp., Dept. MH, 4408 Appleton St., Cincinnati, Ohio

### Synthetic Rubber Surgeon's Glove

A new synthetic rubber surgeon's glove has just been announced by the Wilson Rubber Company. However, the glove is not yet for sale and is not in production at this time. It was developed with the idea of protecting hospitals at such time as the natural rubber supply becomes scarce or depleted and it is believed that it will offer an adequate substitute for the present rubber glove.

The glove is similar in appearance and feel to a white latex surgeon's glove and is said to have tensile strength exceeding that of pure gum gloves. In conducting sterilization tests it was found that after ten sterilizations the tensile strength had been reduced less than fifteen per cent.

Research work on the glove is continuing and the manufacturer believes that when critical times arrive with respect to the surgical glove supply, hospitals can be assured of the synthetic product. The glove will be shown at the coming national hospital and surgical conventions and the company invites comments and examinations. (Key No. 868)

Wilson Rubber Co., Dept. MH, Canton, Ohio



### Diagnostic Instrument Bulb

The Bausch and Lomb "Hi-Light" bulb has been designed specifically to increase the efficiency of diagnostic instruments. Smaller than a grain of puffed rice, its illumination has been increased thirty-five per cent giving it an intrinsic brilliance about twice that of an ordinary light bulb. This improvement results from a new tungsten filament and a higher vacuum control in the bulb. The bulbs are supplied in daylight blue for ophthalmoscopes and in white for retinoscopes, otoscopes and hand slit lamps. (Key No. 724)

Bausch & Lomb Optical Co., Dept. MH, 635 St. Paul St., Rochester, N. Y.

### Hand and Foot Contrast Bath

To facilitate contrasting temperature treatment to stimulate circulation, the Crane hand and foot contrast bath has been built to specifications of certain physicians at the Mayo Clinic. The four



Crane Foot & Hand Contrast Bath

compact units provide for hot water to be directed to those on one side and cold to those on the other side. By placing the hands and feet in their respective compartments the stimulating effect of the contrast can be obtained.

The double Duraclay foot contrast bath is designed with integral sink and overflow channel built into the ware, which permits the overflow from the foot baths to drain into the integral receptor sink which also receives the waste from the swinging contrast arm baths. This permits the draining of the swinging arm baths at any angle at which they may be placed. The stainless steel arm contrast baths are made in two units which, when not being used in connection with the foot contrast bath, can be swung out of the way parallel with the wall.

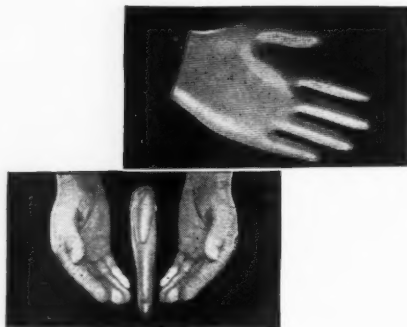
The new trip lever type waste is similar in construction to the Crane "Accesso" type bath waste with the Crane "Securo" trip lever feature embodied. Thus the waste is closed off at the outlet of the bath which is said to permit full sterilization of the bath following each treatment. (Key No. 833)

Crane Co., Dept. MH, 836 S. Michigan Ave., Chicago, Ill.

### Lamp Life Increased

The rated life of the Hygrade Sylvania 100 watt fluorescent lamp has been increased from 2500 to 3000 hours, it has been announced. This represents a 50 per cent increase in performance of the lamp since its introduction slightly more than a year ago when it was given a 2000 hour rated life. (Key No. 837)

Hygrade Sylvania Corp., Dept. MH, Danvers, Mass.



### Quixam Examining Glove

A new type of glove, intended to facilitate exploratory examinations, has been introduced under the trade name Quixam. The new glove covers the hand only, with beaded top ending at the wrist. For the convenience of physicians who wear but one glove while making routine examinations, this new type is designed to fit either the right or the left hand comfortably. Time is said to be saved as the new glove can be slipped on and pulled off in but a few seconds.

This new type glove provides a practical method of conserving latex since it is said to require about one third of the amount of material in an ordinary rubber glove with a corresponding saving in cost. (Key No. 829)

Pioneer Rubber Co., Dept. MH, Willard, Ohio

### Fire Observer Port

Opening and closing the door of the boiler firebox in order to check the inside of the furnace admits cold air and thus reduces boiler efficiency. Yet it is necessary to make such a check occasionally and so the Detroit Stoker Company has provided a fire observer port that permits clear vision of the fire, fuel bed and furnace walls without admitting cold air. The observer port is constructed of colored Pyrex heat-resisting glass that is protected on the outside by a fine monel metal screen and on the inside by a shutter that covers the port when the unit is not in use. (Key No. 802)

Detroit Stoker Co., Dept. MH, General Motors Bldg., Detroit, Mich.

### Drum Opener

A new simple method of opening metal drums is now being offered by Turner and Seymour Mfg. Co. It is said to open all straight chime metal drums up to thirty-five inches high safely, eas-

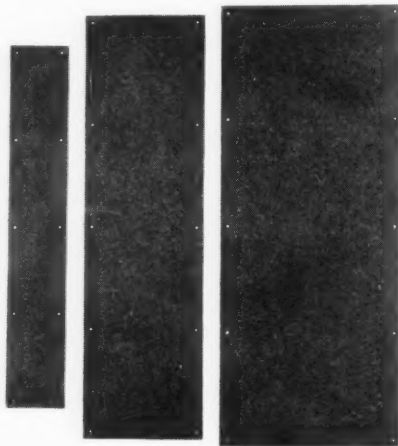
ily and quickly. It operates on the principle of a household can opener, leaving no rough edges.

The cast iron corrugated base can be bolted to the floor and four steel up-rights support the cutting unit which is counter balanced for easy adjustment to the height of the drum. The cutting unit locks in position and closing of the lever perforates the drum. (Key No. 801)

Turner & Seymour Mfg. Co., Dept. MH, Torrington, Conn.

### Push and Kick Plates for Doors

Push and kick plates of Formica are now available in four standard colors and in standard sizes. The colors have depth and the plates are nonporous and do not absorb stains or react chemically with ordinary liquids, according to the manufacturer. Of nonmetallic material,



the plates are not brittle and will not chip or crack under sharp impact. The hard, durable surface will clean without deterioration in appearance and is said to be easy to clean, requiring no polishing.

The plates are one eighth of an inch thick with beveled edges and counter sunk screw holes ready for attachment to door surfaces. (Key No. 839)

Formica Insulation Co., Dept. MH, 4613 Spring Grove Ave., Cincinnati, Ohio

### Heavy Duty Griddle

Designed for hardest use, continuous duty and full load grilling, the new Akron "Kitchen-King" heavy duty griddle is said to be fast and efficient. The heavy cast iron grid retains the required heat, it is claimed, and the heating units assure even heat distribution with two

sections controlled by separate heavy duty double poll type three heat reversible switches. Grease troughs on three sides allow no spillage at back splasher and the deeper front trough drains the sides into a removable receptacle. The griddle is 36 3/4" by 21 1/4", furnished in A.C. or D.C. in standard voltages. (Key No. 803)

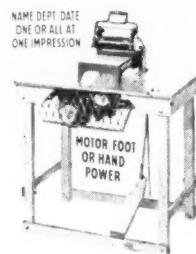
Associated Products, Inc., Dept. MH, Akron, Ohio.

### Insect Exterminator

Tanglefoot Difuso is offered as a method for safely exterminating insects of all kinds. Enough Difuso to make a fog is poured into the Difusor which is plugged into an electrical outlet and left in the room to be cleaned. The Difusor shuts off automatically when sufficient fog has been generated, according to the manufacturer.

The fog, which is said to kill insects and not just stun them, permeates the room, getting into the walls, baseboards and furniture. It is claimed that it does not taint foods or cooking and does not harm humans or pets. The regular model Difusor is available in 110-120 volts, A.C. Tanglefoot Difuso made especially for use in the Difusor is available in one pint, half gallon and one gallon tin cans as well as in bulk. (Key No. 794)

The Tanglefoot Co., Dept. MH, Grand Rapids, Mich.



### Motor Power Marker

A new motor attachment for Applegate linen markers is now available. This new motor is geared to make seventy impressions per minute, according to the manufacturer. Both hands are free to handle the garment or linen being marked and hold it in exact position.

Either No-heat or Heat-in indelible inks may be used on the Applegate marker with the motor attachment. (Key No. 842)

Applegate Chemical Co., Dept. MH, 5630 Harper Ave., Chicago, Ill.

### Urea Apparatus

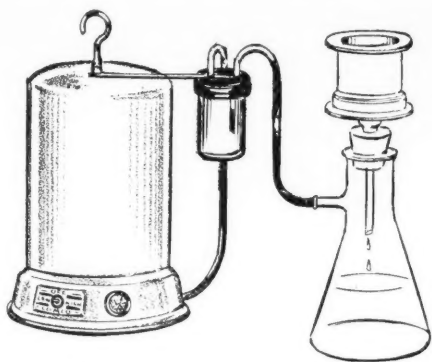
A new and improved Leiboff urea apparatus has been designed and manufactured by Eimer and Amend and is being distributed through Fisher Scientific Company. The new apparatus is a simplified and more convenient form of the apparatus designed by Dr. S. L. Leiboff.

This apparatus employs a pressure tube so designed that when blood filtrate and sulphuric acid are introduced, then heated, the ground glass stopper tightens under the pressure created. The need for an autoclave is said to be thus eliminated in this procedure since the reaction occurs under the pressure within the Leiboff tube itself. The apparatus has been designed with an improved means of heating and supporting the Leiboff tubes. A cast metal block four and one quarter inches in diameter and two and one half inches high is provided with a combination thermometer shield and tube support at its center. Riding on this support is a spider which carries the tubes. In the block are six holes, so arranged that six Leiboff tubes can be suspended in them from the spider. (Key No. 844)

**Fisher Scientific Co., Dept. MH, 711 Forbes St., Pittsburgh, Pa.**

### Laboratory Aspirator

The new Gomco laboratory aspirator is said to speed up the filtering of serums and similar materials in the laboratory,



making the work easier, more efficient and considerably cheaper. The improved pump is electrically powered but non mechanical, being based on the principle of expansion and contraction of air subjected to variation in applied heat. There are said to be no moving parts to break or get out of order and operation is noiseless and attention free.

It is stated that this aspirator delivers constant efficiency regardless of water supply and is equipped with a safety trap bottle to protect the pump against damaging effects of an over filled flask.

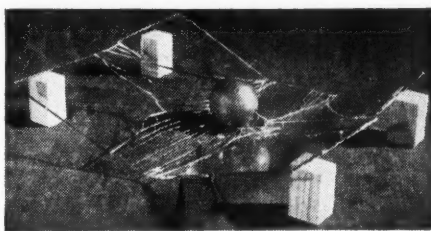
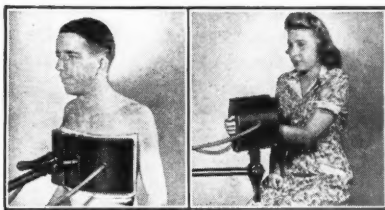
The unit requires less current than a twenty-five watt bulb, according to the manufacturer, weighs only five pounds and operates on 115 volts, A.C. or D.C. (Key No. 791)

**Gomco Surgical Mfg. Corp., Dept. MH, Ellicott St., Buffalo, N. Y.**

### Hinged Treatment Drum

The new L-F hinged treatment drum is said to be easy to use and efficient. It facilitates all inductance type short wave applications for treatment of various parts of the body. It is said to be quickly adjustable for use on the back, chest, head, shoulders, legs, arms or other treatment points. A combination of the flat drum and the curved drum, this new device has added flexibility and effectiveness, according to the manufacturer. (Key No. 832)

**Liebel-Flarsheim Co., Dept. MH, 303 W. Third St., Cincinnati, Ohio**



### Shatterproofing Liquid

A new liquid coating to be sprayed or brushed on glass for shatterproofing is said to dry quickly, forming a strong, tough film having a tensile strength of from 3000 to 5000 pounds per square inch. Elongation of 20 per cent is claimed, permitting considerable movement of the glass without rupture of the film.

Applied to the outside of windows, doors or skylights the material is said to provide glare reduction with resistance to shattering and can be washed whenever necessary. It is not intended for long service on the exterior but on the interior it is said to give protection for an indefinite period. (Key No. 847)

**Wilbur & Williams Co., Dept. MH, Park Square Bldg., Boston, Mass.**



### Blood Plasma Centrifuge

The Model BP Centrifuge was designed particularly for the separation of blood plasma and will swing four of the 600 or 650 ml. bottles at speeds up to 2500 r.p.m. with a resulting force of 1700 x gravity. Multiple carriers and adapters for the 15, 50, 100 and 250 ml. centrifuge glass tubes and bottles are available where the centrifuge is used for other purposes. The carriers and adapters are said to be inexpensive and make it unnecessary to change the heads.

The centrifuge is furnished as a complete unit including the four place wind-shielded head and four bronze cups, a fifty step speed control rheostat attached to the guard, indicating tachometer and mechanical brake. An extra heavy all welded steel boiler plate guard with hinged cover provided with a cross bar locking device is said to ensure ample protection. The head and cups are windshielded by enclosure in a bowl and cover of spun aluminum which are made a part of the head and rotate with it, thus affording a dead air space in which the bottles swing. This reduces air friction, it is said, thus minimizing heating of the blood.

The head will accommodate Saftifuge, Centri-vac and Wheaton blood collecting bottles as well as Fenwal and Kimble refillable blood plasma bottles.

The adjustable speed heavy duty motor is provided with an extra large shaft for swinging the large bottles and is supported at the upper end by a double row ballbearing and at the lower end by a ball thrust bearing. The unit is completely wired and ready to plug into any ordinary lighting circuit when shipped. (Key No. 831)

**International Equipment Co., Dept. MH, 352 Western Ave., Boston, Mass.**



# Pharmaceutical

## RECENT CATALOGS AND BOOKLETS

### Concentrated Liver Extract, Squibb Cyclopal with Acetylsalicylic Acid

E. R. Squibb & Sons, New York, have announced the availability of Concentrated Liver Extract, rounding out their line of hematinics. The new item is a sterile, aqueous, highly concentrated solution obtained from edible liver, preserved with 0.5 percent phenol.

Concentrated Liver Extract Squibb is said to offer the advantages of being low in total solids and exceptionally clear and light colored. It contains fifteen units (injectable) per 1 cc., standardized on the basis of the hematopoietic response in Addisonian pernicious anemia as defined by the U. S. P. Anti-Anemia Preparations Advisory Board.

This product is given by deep intramuscular injection, usually into the deltoid muscle. In treating pernicious anemia, it is recommended that fifteen units (1 cc.) be given daily for two days, followed in about ten days by fifteen units weekly until the blood picture is within normal limits. The average maintenance dose is fifteen units every one to four weeks. The product is supplied in 1 cc. vials containing fifteen units (injectable) in boxes of three ampuls and 5 cc. vials containing fifteen units (injectable) per 1 cc. (Key No. 729)

E. R. Squibb & Sons, Dept. MH, 745 Fifth Ave., New York, N. Y.

### Capsules Vitamin B Complex, Rowell

Rowell Vitamin B Complex Capsules are presented as a dehydrated aqueous extract from brewer's yeast in its natural form with nothing added and nothing taken away. The advantages claimed for the product are the presence in it of all the known B complex factors. An additional advantage is said to be its ability to dissolve completely and almost instantaneously.

B Complex Capsules, Rowell, Type 1, are said to contain in each No. 0 capsule not less than 75 International units of vitamin B<sub>1</sub>, 105 micrograms of vitamin B<sub>2</sub>, 100 micrograms of vitamin B<sub>6</sub> and 500 micrograms of pantothenic acid. No satisfactory method of assay has been developed as yet for the determination of the amounts of the other components but it is generally presumed that they are present in therapeutic quantities. (Key No. 808)

Burbot Liver Products Co., Dept. MH, Baudette, Minn.

This sedative analgesic contains three quarters of a grain of cyclopentenylallyl-barbituric acid and five grains of acetylsalicylic acid in each tablet. It combines the analgesic property of acetylsalicylic acid with the sedative action of cyclopal, a short acting barbiturate which is said to have a rapid rate of destruction and is relatively free from unpleasant after effects. The tablets are recommended in nervous irritability and sleeplessness associated with pain, headache or general malaise, and are available in bottles of fifty, five hundred and one thousand tablets. (Key No. 852)

Upjohn Co., Dept. MH, Kalamazoo, Mich.

### Hydrosorb

Hydrosorb is a mixture of the oleic acid ester and amide of diethanolamine in white petrolatum U.S.P. It is said to be readily miscible with three times its own weight in water, forming smooth creams or salve-like emulsions, thus providing a medium for incorporating aqueous solutions of water-soluble drugs. Medicinal agents not soluble in water can be incorporated into Hydrosorb, according to the manufacturer, making an ointment approximating the consistency of petrolatum. By increasing the amount of water in such mixtures, a preparation approximating the consistency of cold cream or a semiliquid emulsion may be obtained.

Hydrosorb readily adheres to the skin, whether the skin is dry or moist, and because of its water absorbing properties is said to make an ideal base for ointments to be applied to the skin and mucous membranes. It spreads readily and serves as a lubricant and protective agent for the skin and can be easily removed with water. It can be used as a carrier for many drugs but is not compatible with concentrated solutions of electrolytes, strong acids or strong alkalis. Creams and emulsions prepared with this base and aqueous solutions of various medicaments are said to be usually stable over the period in which a prescription will be used but the manufacturer does not recommend making up stock quantities to be dispensed over a long time. Hydrosorb is available in one pound and five pound jars. (Key No. 848)

Abbott Laboratories, Dept. MH, North Chicago, Ill.

• Realizing that even the most conscientious of persons is likely to become careless and forget to follow certain cautions which can be used to make rubber goods last longer, the Miller Rubber Co., Inc., 1247 South High St., Akron, Ohio, has prepared a special poster which may be hung in the sterilizing room, rubber goods storage rooms, pharmacy or other appropriate location. It carries the headline "We Must Save Rubber" and shows in bold lettering the specific needs for proper care of rubber goods. It is offered to hospitals to help conserve and save rubber goods. (Key No. 854)

• A large two color chart illustrating the various beef cuts is being offered by Armour & Co., Union Stock Yards, Chicago, Ill. Entitled "Armour's Star Beef Chart," the food value of meat is given with a B vitamin chart and the various cuts and their sources are illustrated in color. (Key No. 860)

• Corning Glass Works, Macbeth-Evans Division, Charleroi, Pa., has issued a new four page, two color folder entitled "How to Cut Down on Tumbler Replacements." This attractive folder describes the advantages of the recently developed Double-Tough tumblers and illustrates the popular styles and sizes. Excerpts from letters from users are included and the folder emphasizes the longer life of this new type of glass tumbler. (Key No. 865)

• A revised edition of "Dietary Uses of the Banana in Health and Disease" by L. Jean Bogert, Ph.D., and reprints of recent papers dealing with therapeutic uses of the banana, has recently been issued by United Fruit Co., Pier 3, North River, New York, N. Y. This sixty-eight page booklet gives information on nutritive value of the banana, its use in infant feeding, for young children and for normal adults as well as data on its use in diseases and functional disorders. (Key No. 859)

• "How to Install Glass Block Without Priority Materials," is the interesting subject of a booklet recently issued by the Insulux Products Division, Owens-Illinois Glass Co., Ohio Bldg., Toledo, Ohio. Technical details are given on the manner of replacing areas with glass block and the booklet should be of interest where modernization plans are being considered. Designs and sizes of the block are given and it is said that the use of this product helps to conserve metal for the war program. (Key No. 767)

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• A new folder has just been issued by Marsh Wall Products, Inc., Dover, Ohio, on "Quick Summary of the Advantages of Marlite Plastic-Finished Wall Panels for War-Time Construction." The product is described as are also its economy, sanitation and durability and the sizes of the panels. Two samples of Marlite are affixed to the four page folder which illustrates various uses of the product for construction and remodeling. (Key No. 862)

• The Wander Co., 360 North Michigan Ave., Chicago, Ill., has made available an interesting two color chart entitled "America Calls for Better Nutrition." The chart gives daily requirements of each essential nutrient as established by the Committee on Food and Nutrition, National Research Council, with contributions made toward these requirements by average servings of the more commonly eaten foods. Four leaflets supplement the chart with interesting information on "Optimum Nutrition to Make America Strong," "The Importance of Optimum Nutrition in Childhood," "The Importance of Adequate Nutrition in Illness and Convalescence," and "Better Health in Old Age Through Better Nutrition." (Key No. 867)

• A new booklet on "Toncan Iron Pipe" has recently been issued by Republic Steel Corp., Republic Bldg., Cleveland, Ohio. The full story of how this pipe is made, the materials used, why it resists corrosion and the results of tests are included in this forty-eight page publication. It is written in an interesting manner and tells how the pipe is used, its record of service and suggests ways to increase the life and reduce the cost of piping systems. (Key No. 819)

• A series of two folders and a file card on Lake Shore Honey have been recently issued by W. B. Straub & Company, 5514 Northwest Highway, Chicago, Ill., describing the use of this product for infant feeding. The folders give information on the value of this honey for routine use as a carbohydrate milk modifier and the file card describes the product, the method of preparing mixtures and the Drip-Free jar in which it is provided. (Key No. 856)

• Carrier Corporation, Syracuse, N. Y., presents a new bulletin describing the Carrier "Five-Way Unit Heaters" which get their name from the fact that they distribute air in five directions. The flexibility, low operating and maintenance costs, safety, quietness and efficient heat transfer afforded by the units are among the advantages discussed in the bulletin. (Key No. 812)

(Continued on page 166)

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• Frederick Stearns & Co., Detroit, Mich., has recently issued a revised booklet on **"Amino Acids, Stearns."** This sixteen page booklet gives tables on Amino Acid content of casein, classification with respect to growth effects, standardization, functions and recommended amounts. Discussions are included on injection, indication, protein feeding requirements and administration of the product. A diagram for parenteral administration of Amino Acids and glucose or saline solution is included as is also a complete bibliography. (Key No. 863)

• Bulletin No. 191-A entitled **"Dependable Equipment for Times Like These"** has been issued by Frick Co., Waynesboro, Pa. This describes and illustrates special features of Frick valves, flanges, crosses, unions, tees and elbows. (Key No. 853)

• **"Dandux Canvas Baskets, Hampers and Trucks"** is the title of a sixteen page catalog recently issued by C. R. Daniels, Inc., Newark, N. J. The quality, construction and uses for these products are given in detail and the catalog is well illustrated. (Key No. 825)

• A leaflet on **"Dorex Odor Adsorbers for Air Conditioning and Industrial Odor Control"** has been issued by W. B. Connor Engineering Corp., Dorex Div., 114 E. 32nd St., New York, N. Y. It contains a discussion of the principle of odor control as accomplished by Dorex Odor Adsorbers in air conditioning systems with photographs and line drawings of the equipment, explanations of the various types and their suggested use for greatest effectiveness. (Key No. 779)

• The 1942 catalog of The Allen Filter Company, 25-43 South St. Clair St., Toledo, Ohio, lists the complete line of **"Water and Beverage Coolers"** made by this company. Illustrations and descriptions of ice chests for hospitals, water coolers, bubbling fountains, cafeteria equipment and refrigerated beverage dispensers are given together with prices. (Key No. 743)

• An instruction sheet on **"Upholstery Shampooing"** has recently been issued by Hild Floor Machine Co., 1313 W. Randolph St., Chicago, Ill. These instructions for cleaning upholstered furniture should be helpful to the housekeeper who handles this problem. (Key No. 771)

• **"Coverkal Works Like Magic"** is the title of a leaflet issued by M. J. Merkin Paint Co., 1441 Broadway, New York, N. Y. A product for covering kalsomine with one coat without the necessity for first washing the area to be covered, Coverkal is described and instructions for its use are given. (Key No. 776)

• An eight page pamphlet on **"Reziting,"** a scientific treatment for better service from wood products, has been issued by I. F. Laucks, Inc., 911 Western Ave., Seattle, Wash. This method of treatment for protecting wood from moisture and fungi decay is described and illustrated with instructions for the use of Rezite. A chart on the back page shows various needs for the product and methods of application. (Key No. 755)

• Paint selection is said to be simplified by the use of the new **"Valdura Paint Selector"** recently issued by American-Marietta Co., 43 E. Ohio St., Chicago, Ill. The selector makes conveniently available all information on the properties of forty-three paint, enamel and varnish products. Two charts are provided, the first listing fifty-one types of surfaces likely to be encountered in painting and the second giving all of the properties of each paint in order to facilitate selection of the finish that will be most suitable when a choice is offered by the first. (Key No. 817)

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**CHICAGO, ILL.**



The various articles are indexed under the author and subject. Abbreviations used in this index are: Ja, January; F, February; Mr, March; Ap, April; My, May; J, June; (Ed.), editorial; (E.Q.B.), Engineers' Question Box; (P.), portfolio; (S.H.F.), Small Hospital Forum, and (S.H.Q.), Small Hospital Questions.

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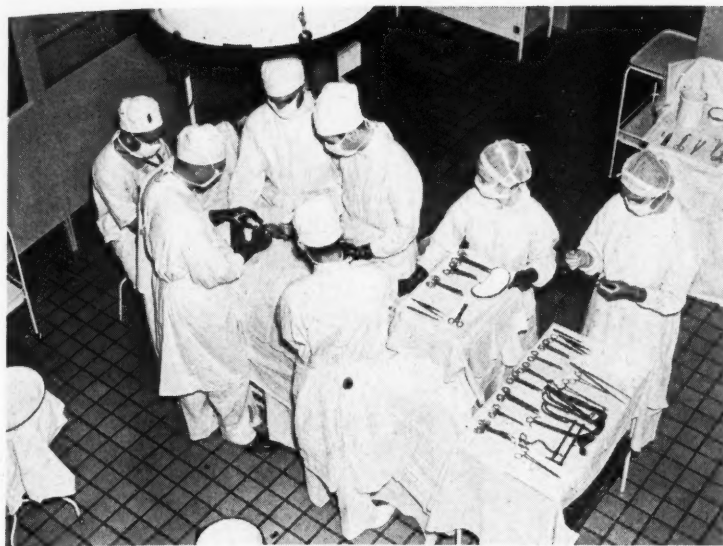
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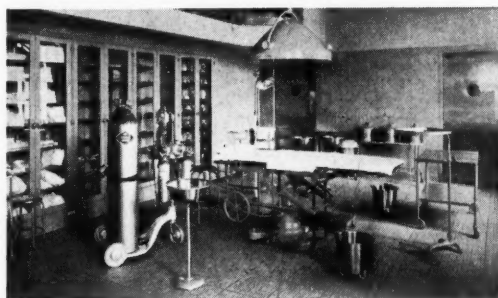
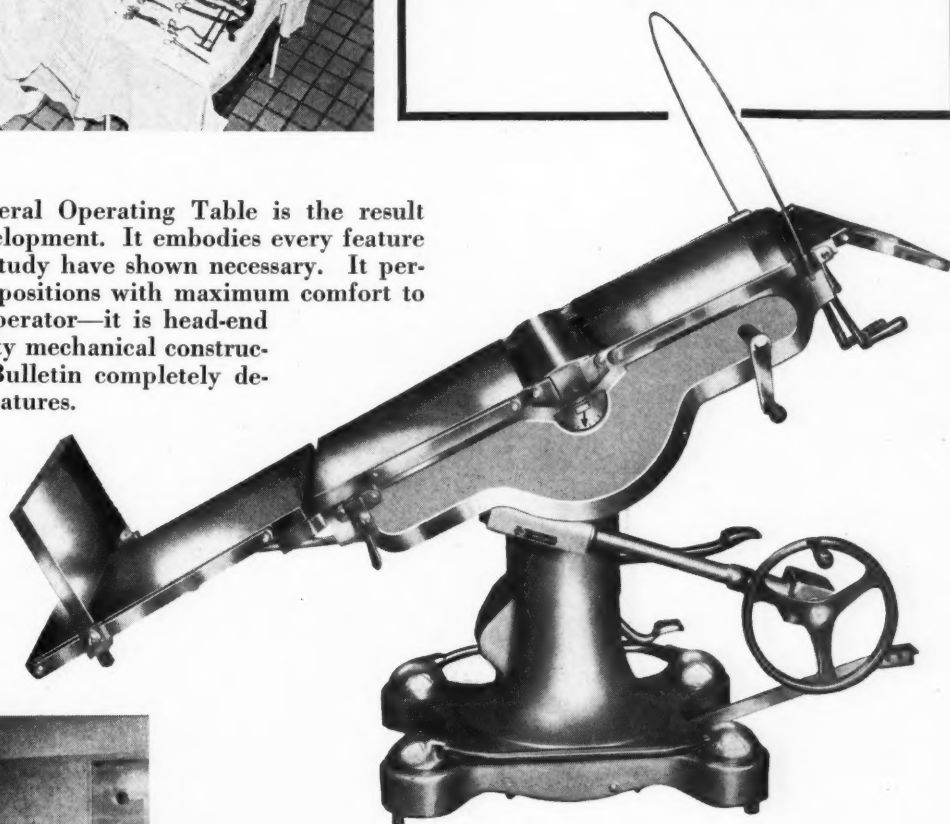
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# THE NEW "1942 MODEL" PITKIN General Operating Table

The 1942 Model Pitkin General Operating Table is the result of 44 years of continuous development. It embodies every feature long experience and careful study have shown necessary. It permits of all desirable surgical positions with maximum comfort to patient and convenience to operator—it is head-end operated and of highest quality mechanical construction throughout. Write for Bulletin completely describing its many advanced features.



Here are two operating rooms completely equipped by us. (above) Operating room of a large general hospital for civilian needs—(below) Operating room of a mobile hospital unit. We have equipped many sick bays aboard U. S. Battleships, also Army, Navy and Air Stations here and in many Outposts throughout the world.



The Pitkin General Operating Table is one item of the complete line of hospital equipment manufactured by us. In addition we manufacture Climax Sterilizers and Disinfectors and Hospital Equipment for fixed or mobile, civilian, military, marine or emergency hospital needs. We have been making hospital equipment for 44 years. The experience and knowledge this has given us are at your service.

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## Simpler Methods of Bedpan Care

Modern bedpan apparatus makes the handling of patients' bedpans and urinals so nearly automatic that volunteer help and lay assistants in the hospital can take over this work and thereby relieve to that extent at least, the already overburdened nursing staff.

With the efficient equipment illustrated here, bedpans and urinals are emptied, washed and sterilized in one procedure by a quick, orderly, sanitary routine, which eliminates hand work and insures thorough cleansing of bedpans and urinals.

The locking handle on the sterilizer door is released with one hand, bringing the holding rack into horizontal position to receive the bedpan. The bedpan (or urinal) is placed in the holding rack and, as the door is closed, the holding rack tips the bedpan or urinal well beyond the perpendicular, completely emptying contents directly into the waste trap. Simultaneously, the attendant opens the flush valve which releases two forceful cold water sprays that thoroughly wash all surfaces of the bedpan.

Additional cleansing and sterilization is secured by opening the steam supply valve to the sterilizer after completing the washing process.



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Hospital Equipment and Sterilizing Apparatus

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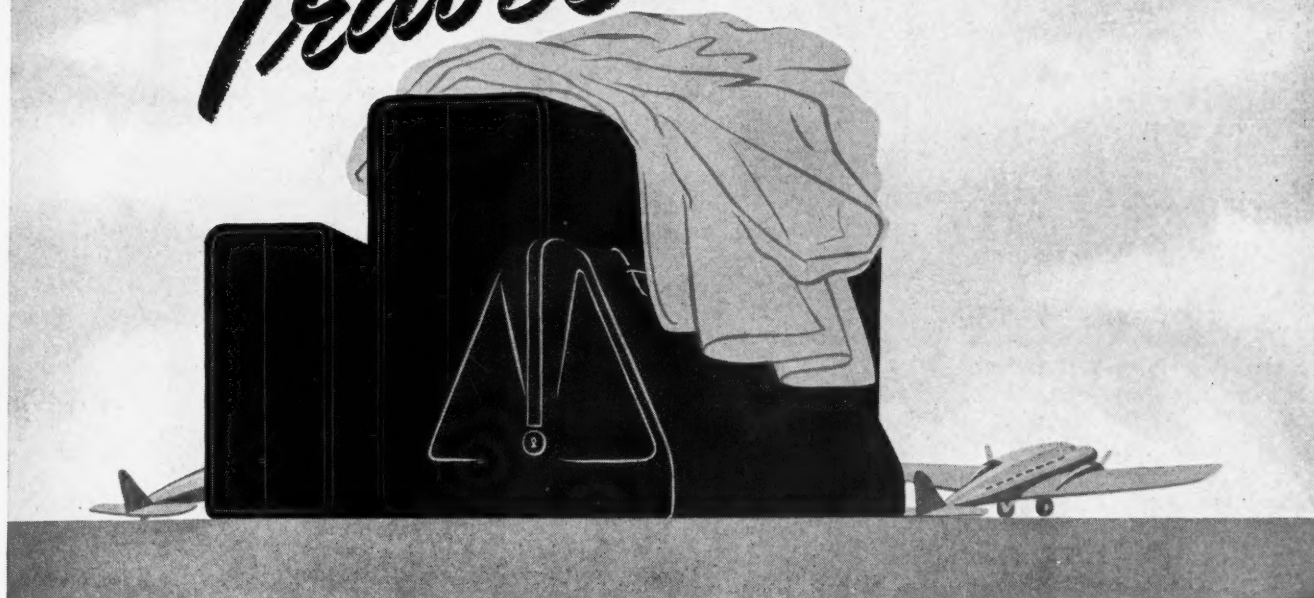
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PRESCRIPTION FOR THE

# Travel Weary

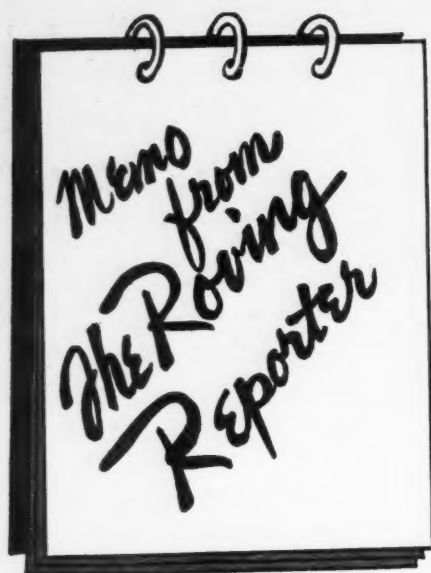


AIR-LINE PHYSICIANS prescribe small doses of 'Seconal Sodium' (Sodium Propyl-methyl-carbonyl Allyl Barbiturate, Lilly) for nervousness or illness incident to air travel, and doctors have found that the Pullman berth is a more restful bed when 'Seconal Sodium' is administered to the exhausted traveler. The onset of sedative effect with 'Seconal Sodium' is prompt and the duration of action is brief, permitting a feeling of freshness upon awakening.



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### Favorite Hangout

You almost have to be going through a tedious convalescence yourself fully to appreciate the excitement that attends the first shopping tour, the first drink at a soda fountain stool, the first coffee and sandwiches in a real tea room. There may be days or weeks of convalescent care ahead of you still, but you have emerged into something simulating the normal, workaday world.

These "extramural" excursions are possible for patients at St. Luke's Convalescent Hospital, Byram Woods, Greenwich, Conn., since the opening of a Hospitality Shop a few months ago. The Byram Woods institution is a branch of the New York St. Luke's in Morningside Heights.

'Twas a minor matter, indeed, to finance the hospitality shop, inasmuch as all of the furnishings and decoration were the work of the employees of Convalescent Hospital.

Profits from the sale of gifts, light lunches and sodas to patients, visitors and staff go to purchase new recreational equipment for the patients, to rent films for entertainment purposes and to maintain the billiard tables and other equipment of the sort.

### Bad Half Hour

Visit a mental disease hospital and you will find that the period between 6 and 6:30 a.m. is the peak period for accidents. This is the situation found at Veterans' Administration Facility, Bedford, Mass., and its statistics by and large are duplicated at neighboring state hospitals.

Indeed, between 6 and 8 a.m., 23.2 per cent of all the day's accidents occur at Bedford. This peak is probably due to early morning irritability, renewed vitality and to the fact that all patients are present on the wards or in the mess

halls during this period, according to Dr. William H. Vicary. Supervision is difficult because the night personnel is still on duty at the beginning of the period and there are fewer attendants on this shift.

As soon as routine activities and—need we say?—occupational therapy work start, there is a sharp decrease in the number of accidents.

What can be done about the situation? Doctor Vicary suggests that 10 or even 15 attendants assigned to the 7 a.m. to 3 p.m. shift could report one hour earlier and help cover the hospital during the danger period. These men could be relieved at 2 instead of 3 p.m. and this part of the second shift would be through at 10 p.m., a relatively safe hour. During the hour between 10 and 11 p.m. there would thus be 10 or 15 fewer attendants on duty.

Larger day rooms are another essential in reducing accidents, Doctor Vicary holds. Corrugated rubber matting, instead of smooth rubber, in showers would help. Nonshatterable glass throughout the acute and disturbed

You would hardly expect a hospital laundry to have the lowest turnover of any department. Yet that is the boast of Charles A. Findlay, administrator, and Virgil V. McMurry, laundry manager, at Wyandotte General Hospital, Wyandotte, Mich.

The explanation? Here is Mr. McMurry's analysis:

"We have an immaculate plant and neat operators in sparkling white uniforms. Our laundry is equipped with two large fans, one exhaust fan and one intake fan, in order to provide a constant flow of fresh air.

"A modern drinking fountain has been installed; nonglare lighting fixtures are provided. All folding and sorting tables have been equipped with casters in order to make them easily moved to convenient positions.

"Our washers have thermometers, timing devices, automatic trips and automatic water valves. Timing clocks have been installed on the extractors and dry tumbler."

Contributing to personnel morale even more than the new equipment and the



Photograph by Arthur Slothower

Patients, doctors and visitors enjoy the new "hospitality shop" at St. Luke's Convalescent Hospital. Shelves in the background display gifts for sale.

services would reduce lacerations. Beds with higher sideboards and without sharp side-rail attachments are recommended for agitated, infirm patients.

It's worth putting some study on, this bad half hour!

### Keeping Laundry Workers Happy

When it comes to turnover in personnel, some departments have bad records, even in normal times. Now with defense plants paying high wages to persons trained to work on their feet and with their hands, many hospitals are finding it increasingly hard to keep their workers contented.

installation of safety and comfort devices has been a material increase in wages. This with sharp increases in the cost of soap has brought the cost of operation up a little less than one cent per patient day. However, during 1941 the amount of linen processed increased more than 400 pounds daily, Mr. McMurry tells us. This was due to two causes: (1) higher patient occupancy and (2) the putting into uniform of the personnel of service departments.

Laundry employees, too, have been kept alert and interested in their jobs by an extensive experimental program conducted in the laundry by a large manufacturer of cleansing products.



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**OAKITE  
(certified) CLEANING**

# Reader Opinion " "

## **A Refreshing Breeze**

Sirs:

Basil MacLean's temperate and constructive article, "Hospitals May Need Federal Aid," in the April issue comes as a refreshing breeze dispelling the clouds of hot air that have been emitted so copiously on this subject.

It is unfortunate that some of the more vociferous of those prominent in the hospital field seem to have, in some respects, the social outlook of the 1870's. Their predictions of disaster to the voluntary hospitals should government participate in a hospitalization program remind me of those made by the false prophets of the past who foretold calamity on the establishment of an income tax, the federal reserve banking system and the social security program.

James U. Norris  
Superintendent

Woman's Hospital  
New York City

## **Matter Seldom Mentioned**

Sirs:

I would appreciate it very much if in the future issues of *El Libro del Hospital Moderno* you would also deal with the question of military hospitals which, as you undoubtedly know, is a matter seldom mentioned and one on which practically nothing has been written in the modern medical literature. You may rest assured that on my part you can count on my help in anything that you could do in this line.

Dr. Vital Vaz  
Hospital Militar of the Police Force  
State of São Paulo  
Brazil

## **Direction—Not Opposition**

Sirs:

I have read the two articles by Doctors Goldwater and MacLean relative to the Social Security Board's proposal to extend social security into the hospital field. The *MODERN HOSPITAL* is to be complimented upon having presented this picture so clearly and fairly.

Personally, I have been inclined to Doctor MacLean's view, and in the presence of all the new information that has come to me I still feel the same way. The general principle of social security legislation has been definitely decided so far as the American public is concerned. From now on the problem is going to be one of degree and it is my opinion that those of us who are interested in the

voluntary hospital and believe in the principles involved should lend our efforts to directing the movement rather than opposing it.

No doubt there are many of us who disagree in principle with some of the things that have transpired in this and in some of the other fields of legislation, but certainly the principle of social security has been definitely established and I don't believe it makes a great deal of difference whether I and a few with me oppose individual items that may from time to time appear. We, as intelligent people, should try to direct the trend in such a way that we can retain the best that is inherent in the voluntary system.

Joseph G. Norby  
Administrator

Columbia Hospital  
Milwaukee

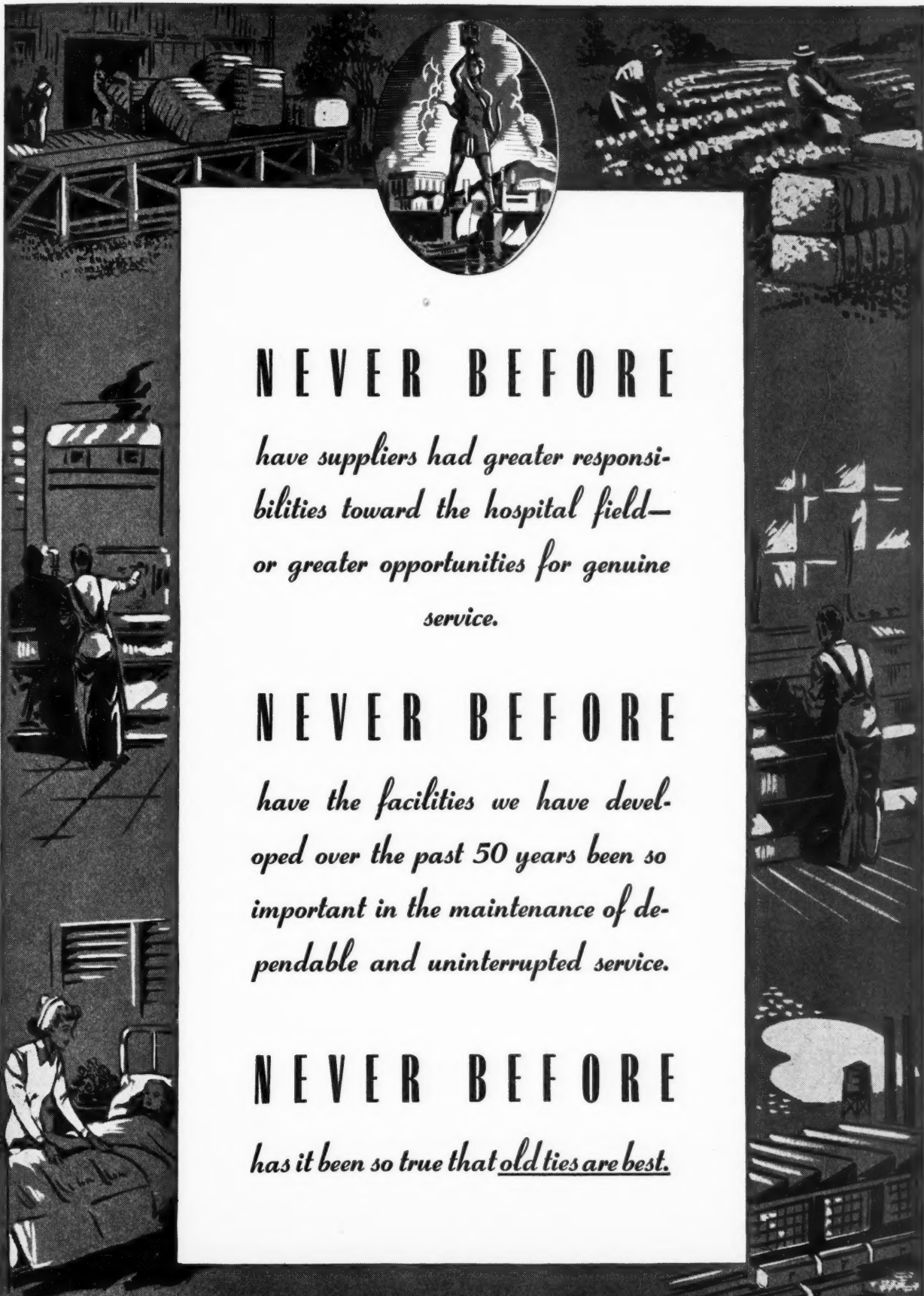
## **A Certain Confidence**

Sirs:

Ether was originally packaged in small containers upon the recommendation of recognized authorities in the field of anesthesia. The manufacturers of ether for anesthesia have provided us with a uniformly satisfactory product and, furthermore, have taken steps to improve their methods of treating and sealing the containers to guard against impurities.

As a result of these developments we are able to purchase ether of high purity at a reasonable price. There is a certain feeling of confidence in the handling of such a product the promised savings of a few cents on an individual administration cannot dispel. I am well aware that certain hospital administrators will object to this breakdown of the cost comparison, preferring to think of the savings to the hospital during the year. If the thought of the administrator is directed toward the conservation of the patients' funds the interest from this standpoint seems commendable. However, there are so many other ways in which a material reduction in the cost of anesthesia to the patient could be made or the quality of the service improved that I question the patient being a factor in the bulk ether controversy at all. As far as the patient's getting what he pays for, in most of our hospitals the containers could all be as small as thimbles and not only lined with copper but covered with gold.

William Neff, M.D.  
Associate Clinical Professor of Surgery  
Stanford University Hospitals  
San Francisco



## NEVER BEFORE

*have suppliers had greater responsibilities toward the hospital field—  
or greater opportunities for genuine  
service.*

## NEVER BEFORE

*have the facilities we have developed over the past 50 years been so  
important in the maintenance of dependable and uninterrupted service.*

## NEVER BEFORE

*has it been so true that old ties are best.*

*Rhoads & Company*  
PHILADELPHIA

SPECIALISTS IN HOSPITAL TEXTILES SINCE 1891

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Recent installations of blood banks and increased use of plasma are daily furnishing new evidence of the many advantages of Abbott's simple, easy-to-handle blood collection and venoclysis equipment. It is compact, flexible and efficient, with completely interchangeable fittings, making it suitable for blood collection as well as for simple or complex venoclysis and hypodermoclysis. The convenience in having a single system quickly available which can be used for both parenteral injection and blood collection is self-evident.

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**Blood Collection and  
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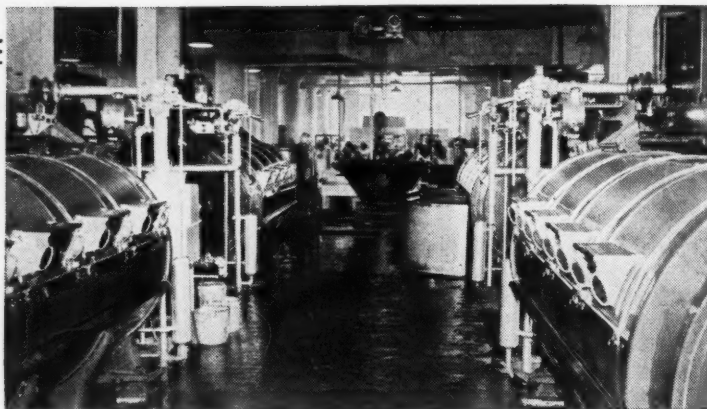


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*Like hundreds of others throughout the country, this battery of Monel washers is making substantial savings in time, space, labor and supplies.*

With the whole Nation engaged in an all-out effort for Victory, water, power, soap and supplies have become national assets. Now, more than ever before, it is essential to make the most of them.

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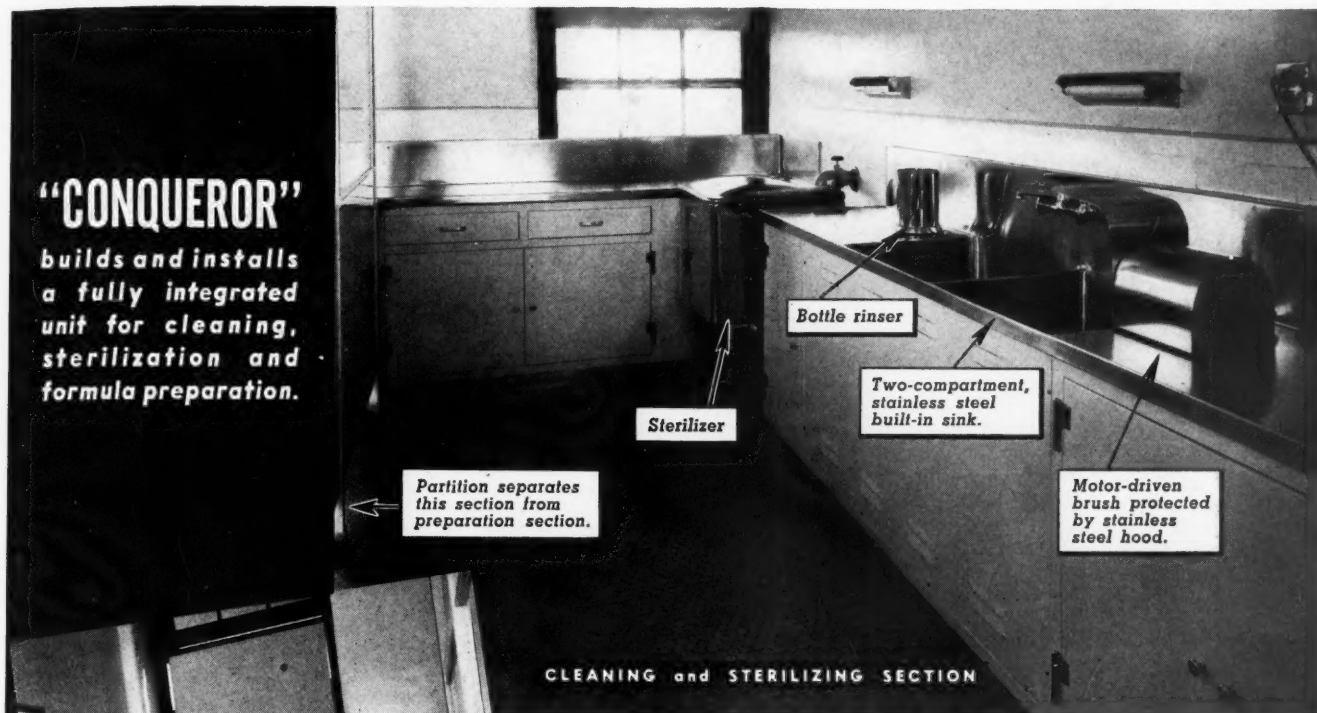


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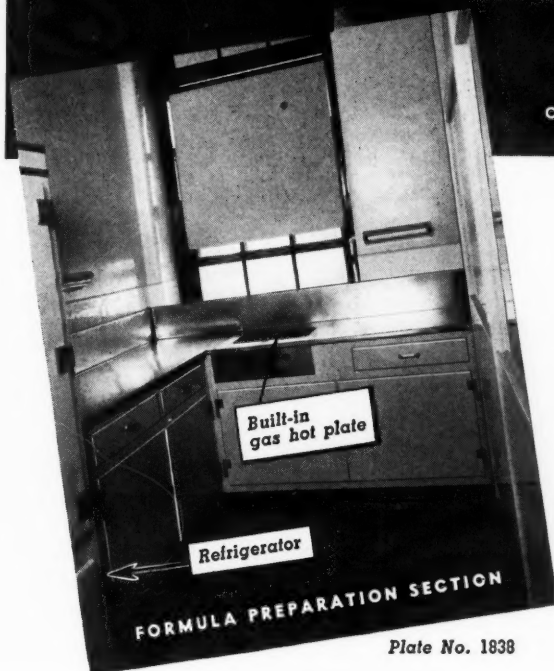


Plate No. 1838

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• A great deal of the productive facilities of this organization are now engaged in manufacturing equipment for our government. Restrictions in the use of critical materials make it difficult to supply the normal demands of all our good friends and customers. Meanwhile "CONQUEROR" designers are at your service to plan now for future requirements. Write for catalogs. Note: All orders for "CONQUEROR" Hospital equipment are subject to priority ratings.

• THE GOAL of complete asepsis exemplified by "CONQUEROR" equipment is well illustrated in this original room layout planned by the hospital authorities and executed by "CONQUEROR" craftsmen. Using available space to the best advantage, the entire unit provides a continuous operation based on approved techniques. The three-sided stainless steel work counter is fitted to the tiled walls and rests over an enameled-steel understructure containing drawers and cupboards for storage of all necessary supplies. Unsterile bottles are first cleaned with the motor-driven brush. Then they are soaked and washed in the two-compartment sink — rinsed, stacked in baskets and placed in the sterilizer. A central partition separates the cleaning and sterilizing section of the room from the formula preparation section but leaves the back counter free for passage of the sterile bottles to the formula section. The work counter in this latter section is provided with a built-in gas hot plate. The filled milk formula bottles are finally stored in the refrigerator. The coordination of these various elements into one space-saving, labor-saving unit is but one example of similarly-planned "CONQUEROR" installations through other departments of the hospital — including built-in instrument and supply cabinets for orthopedic, cystoscopic and utility rooms — for wards, private rooms and halls.



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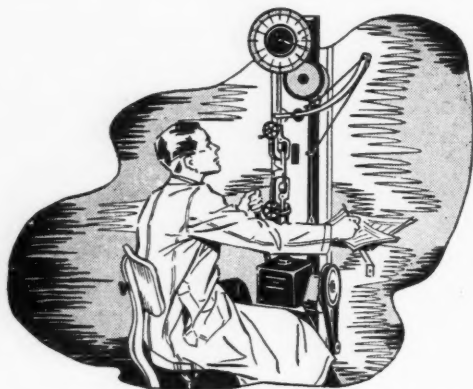


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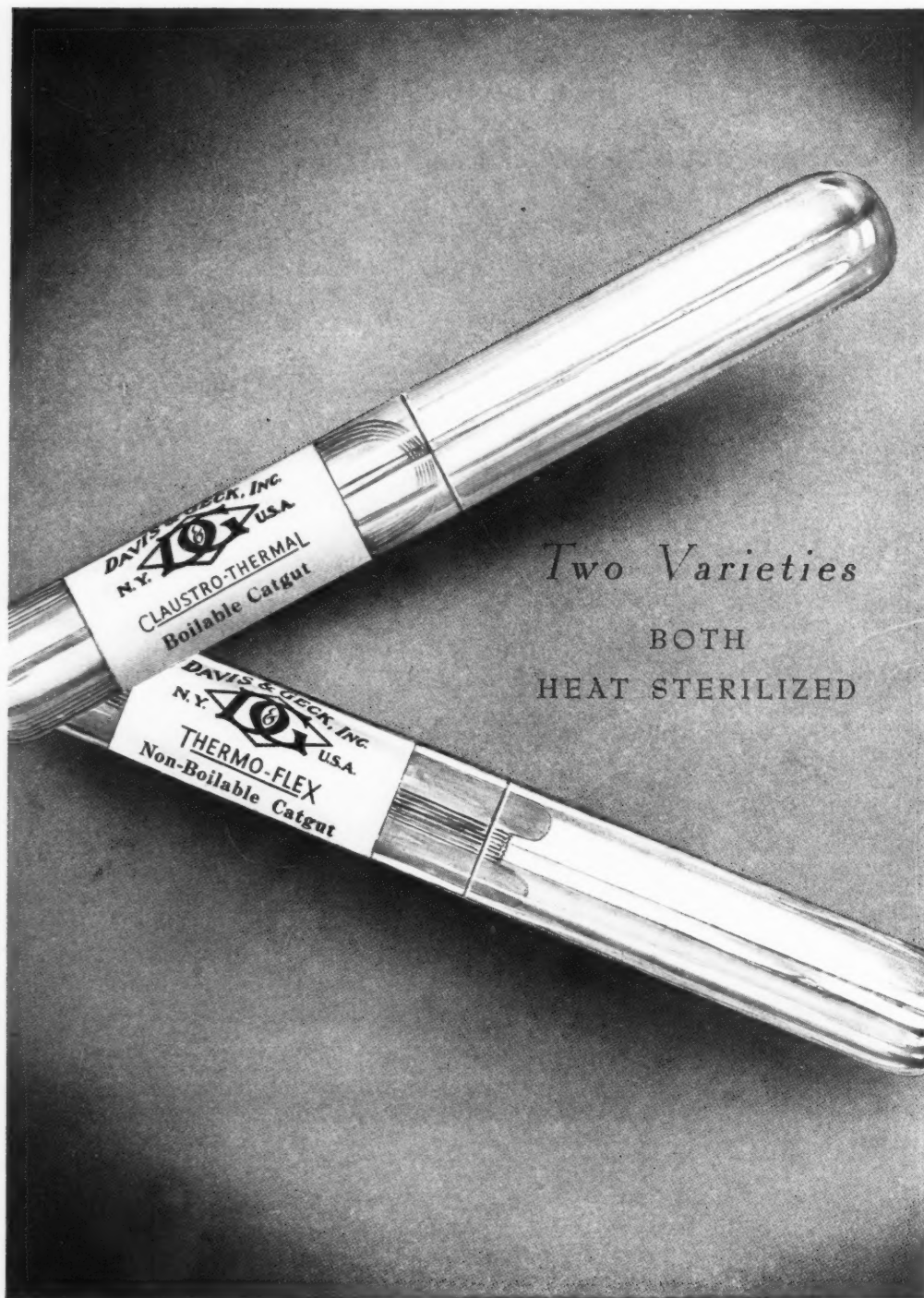
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"THIS ONE THING WE DO"

DAVIS & GECK INC.

"THIS ONE THING WE DO"



*Two Varieties*  
BOTH  
HEAT STERILIZED

SINCE 1909 — *Surgical Sutures Exclusively*



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### Claustro-thermal Catgut

POSSESSES all the qualities essential to proper function and is adaptable to all conditions and technics. Tubes may be boiled or autoclaved or treated germicidally for asepticization of their outer surfaces.

This catgut offers the additional safety factor of CLAUSTRO-THERMAL\* sterilization — an exclusive D&G process wherein heat, at temperatures lethal to the most resis-

tant spores and organisms, is applied *after* the suture is hermetically sealed in its glass tube and thus fully protected.

Being completely stable the suture is unaffected by age, climate, light or by the reboiling or autoclaving of unused tubes. Its hygroscopicity makes flexibility easily regulated to meet individual preferences or specific requirements.

### Thermo-flex Catgut

FLEXIBILITY is the feature of this catgut — the maximum flexibility practical without sacrifice of other equally essential characteristics. Ready for use as it comes from the tubes, it requires no moistening or special preparation.

Though of the non-boilable type, there is no compromise in sterility. It is sterilized by *heat* at temperatures exceeding

the most rigid bacteriologic requirements.

Its moisture content is normal and therefore it lacks the tendency towards progressive deterioration in strength typical of water-logged catgut. It is unaffected by age, climate, or light.

D&G THERMO-FLEX\* catgut represents that fine balance of qualities so vital to correct function and utmost dependability.

### Fine-gauge Catgut

UNPRECEDENTED in its smallness of diameter this material is comparable in size to fine silk, yet it provides the distinct advantage of absorbability. Moreover, it may be used freely without special technics or sacrifice of operating time. Exception-

al strength and resistance to absorption make it applicable to a wide range of procedures, facilitating accurate apposition and providing prolonged retention with marked reduction in trauma. Available in both boilable and non-boilable varieties.

#### DAVIS & GECK SUTURES WITH ATRAUMATIC NEEDLES FOR SPECIFIC PROCEDURES

<i>Intestinal</i>	<i>Thyroid</i>	<i>Tonsil</i>	<i>Eye</i>	<i>Harelip</i>
<i>Cleft Palate</i>	<i>Plastic</i>	<i>Nerve</i>	<i>Artery</i>	<i>Obstetrical</i>
<i>Circumcision</i>	<i>Ureteral</i>	<i>Renal</i>		

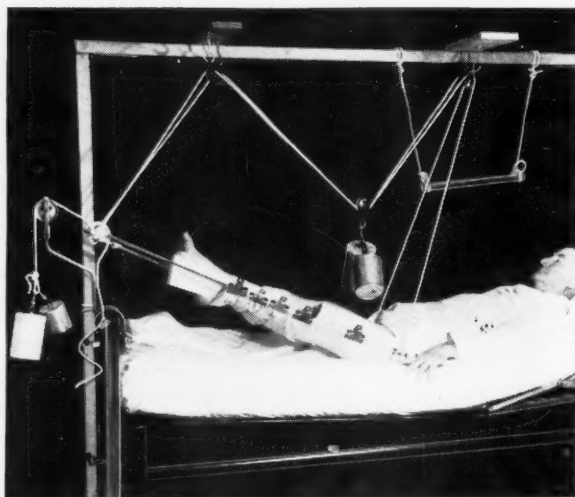
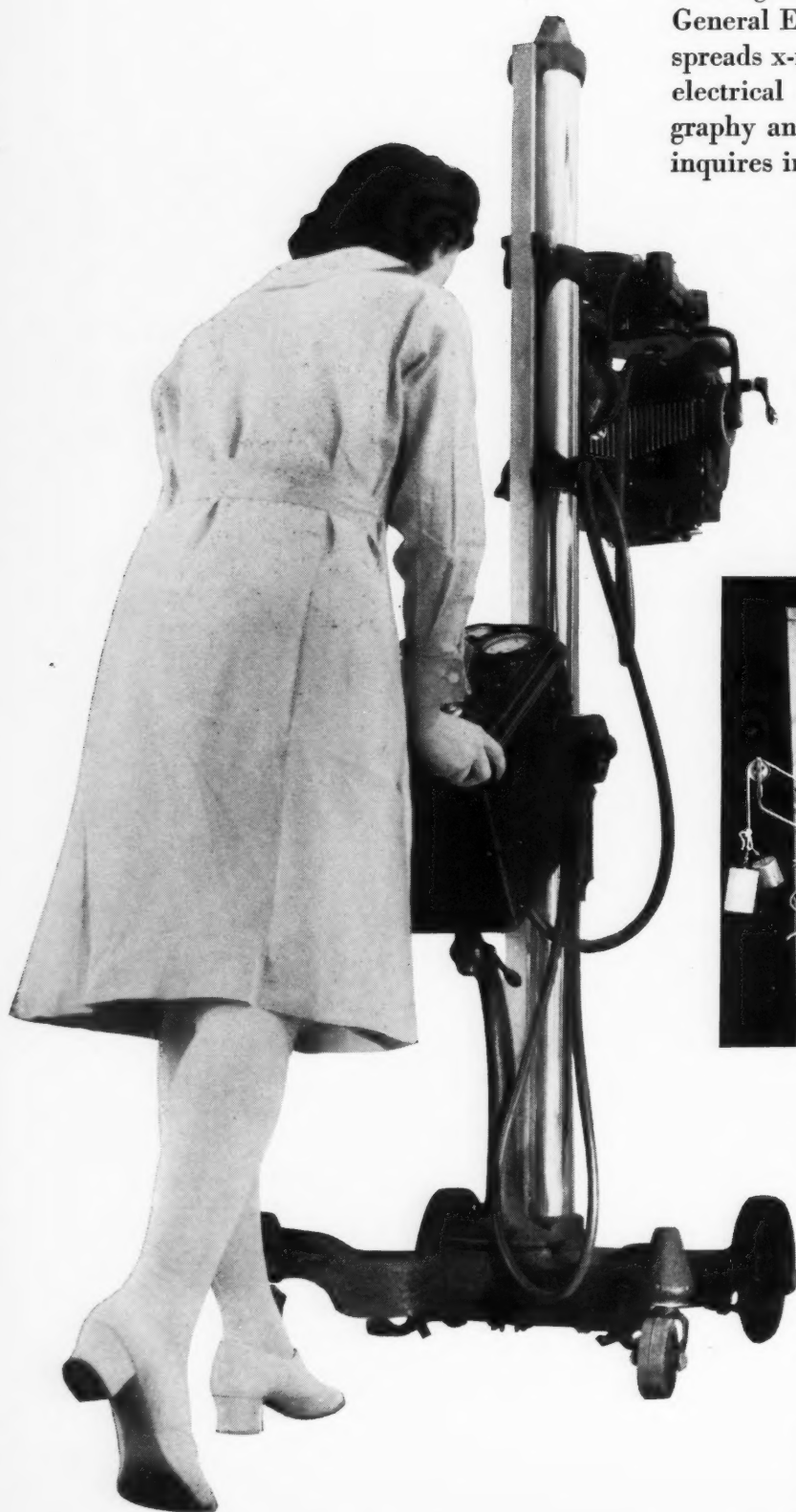
A LIST OF SIZES, LENGTHS, SUTURE-NEEDLE COMBINATIONS AND PRICES  
WILL BE SENT ON REQUEST

\* D&G Registered Trade Mark

When the patient cannot be moved

## *x-ray can...on wheels!*

Coming swiftly on hushed, smooth-rolling wheels, General Electric's Model D-3 Mobile X-ray Unit spreads x-ray's benefits to every room having an electrical outlet. Bringing facilities for radiography and fluoroscopy to the bedside, the D-3 inquires into the progress of fracture cases, into the reaches of pathology in those too ill to be moved. And this without sacrifice—without discount of radiographic excellence sometimes considered a necessary concession to bedside x-ray technics. For the D-3's fine focal spot tube gives you every right to expect radiographs of brilliant contrast and revealing detail.



*Learn how the busy D-3—the x-ray department on wheels—can give you full x-ray coverage with its Mountain-to-Mahomet service. A free, illustrated booklet making this clear will be sent to you on request. Write today for your copy of Pub. K56.*

**GENERAL  ELECTRIC  
X-RAY CORPORATION**

2012 JACKSON BLVD.

CHICAGO, ILL., U. S. A.

# Camel invites you

TO ENJOY THE INTERESTING FEATURES  
OF THE CAMEL CIGARETTE EXHIBIT AT THE  
**A. M. A. CONVENTION — JUNE 8 TO 12**

**RESPIRATORY ABSORPTION OF NICOTINE FROM CIGARETTE SMOKE**  
The photo-mural at the right shows the areas of absorption of nicotine from cigarette smoke, according to late scientific-medical references

88% of nicotine in inspired smoke is absorbed in the respiratory tract

25%

13%

50%

ATLANTIC CITY-JUNE 8-12, 1942  
COME TO OUR EXHIBIT

- See for the first time the dramatic visualization of nicotine absorption from cigarette smoke in the human respiratory tract—
- See the giant photo-murals of Camel laboratory research experiments in the burning rate and nicotine production in the smoke of the 5 largest-selling brands of cigarettes—
- Keep up to the minute on international news with the Camel Cigarette *Trans-Lux* "flash" bulletins, while you enjoy a supply of slow-burning Camel Cigarettes—
- The smoke of slow-burning CAMELS contained less nicotine than that of the 4 other largest-selling brands tested—less than any of them—according to independent scientific tests of the smoke itself!

In the same tests, CAMEL burned slower than any of the 4 other largest-selling brands tested.

- SEND FOR REPRINT of an important contribution to medical literature—"The Cigarette, The Soldier, and The Physician," *The Military Surgeon*, July, 1941—revealing many new angles about smoking. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

# Camel

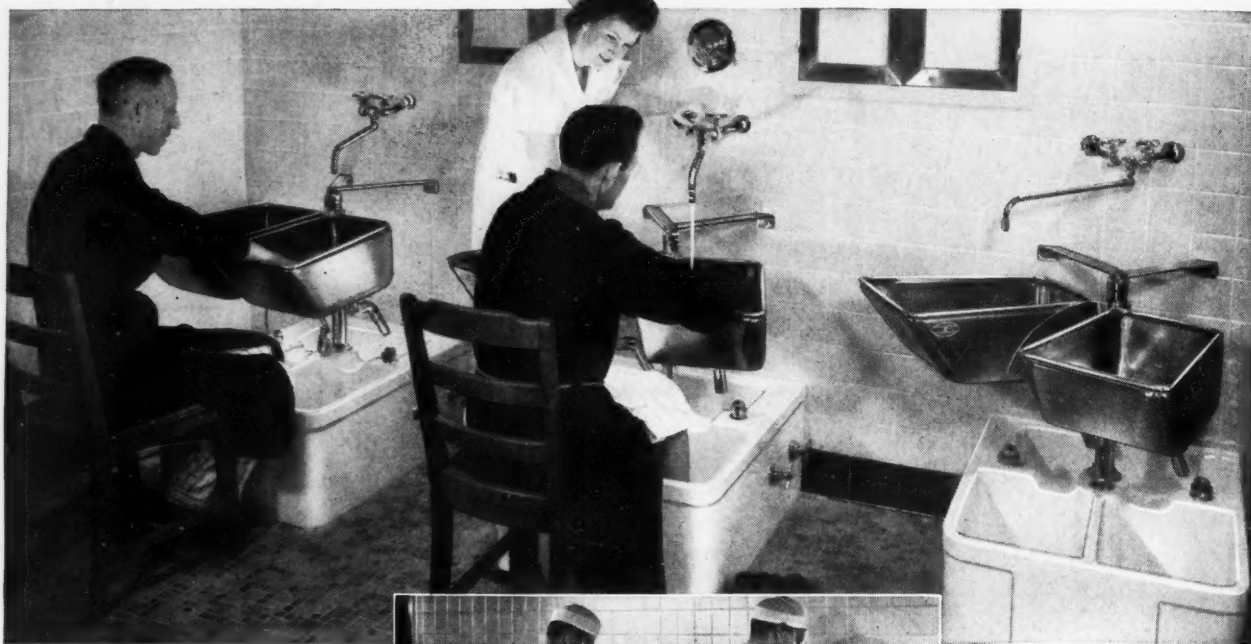
THE CIGARETTE OF COSTLIER TOBACCOS



# BETTER HOSPITAL EQUIPMENT

# OF *Duraclay*

*a non-priority material*



**D**URACLAY was developed in Crane Laboratories to assure finer hospital equipment. Now with the U. S. Victory Program restricting the use of metals, Duraclay has its non-priority rating to recommend it, as well as its quality.

The gleaming white surface of this ceramic material is unaffected by acids and is easy to clean; and Duraclay is highly resistant to thermal shock. The Crane Duraclay line includes fixtures especially designed for every hospital need.

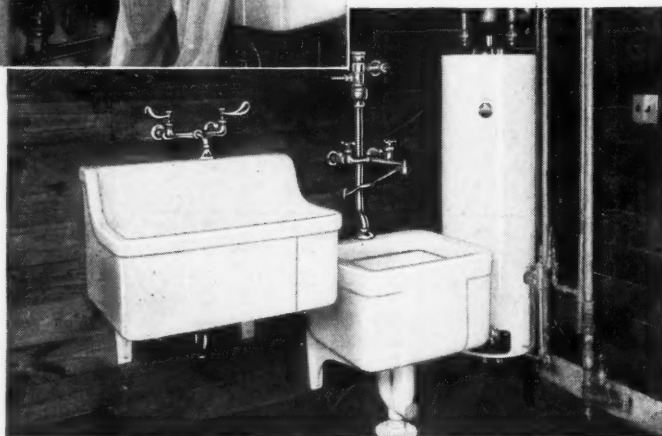
For the finest permanent hospital, or for temporary hospitals in army camps, Crane Duraclay plumbing fixtures are recognized as possessing features that make them ideal for such tough service. It will pay you to investigate fixtures of this non-critical material for use in any remodeling or new construction you are planning.



*Contrast baths of Duraclay developed by Crane Co.*

*Surgeons' Scrub-up Sinks—representative of the Crane Duraclay line.*

*Crane Duraclay Wash-up Sink and Utility Sink in an army hospital.*



# CRANE

CRANE CO., GENERAL OFFICES:  
836 S. MICHIGAN AVENUE, CHICAGO  
PLUMBING • HEATING • PUMPS  
VALVES • FITTINGS • PIPE

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS, PLUMBING AND HEATING CONTRACTORS



## *Fifty Years* OF SERVICE TO HOSPITALS

In 1892 our founder, Bernhard H. Noelting, invented and patented the first caster especially designed for Hospital use. It provided a vast improvement in the handling of mobile equipment and in Hospital service.

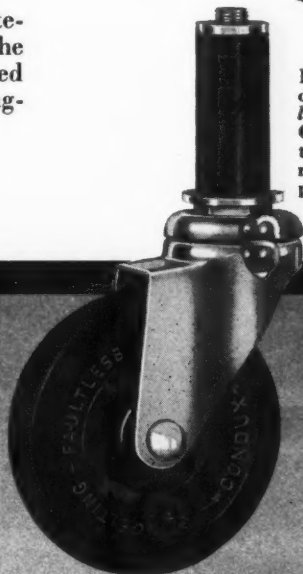
Then, and through the intervening half century, Mr. Noelting's inventive genius and engineering talent have guided us. Many design problems have been solved—many application hazards have been overcome. Today, we proudly offer the *only electrically conductive* caster tested, approved and listed by Underwriters' Laboratories. It typifies our undisputed claim to leadership founded on 50 years of constant research, experimentation and improvements in Faultless products and manufacturing methods.

For your patronage and confidence we are sincerely grateful. Faultless aims to keep pace with your profession in the future, as in the past . . . building the very best in specialized caster equipment that seasoned experience and fresh imagination can produce.

First Faultless Hospital Caster, made with glass wheel and stamped, "Patented November 8, 1892."



Faultless "Condux" Electrical-ly Conductive Caster. Grounds the static charge, minimizes the explosion hazard.



# FAULTLESS

CASTER CORPORATION  
Dept. MH-6, Evansville, Indiana



*Treating a wound in the Middle Ages, by application of the actual cautery.*



## ***A Hot Iron Will Destroy Bacteria BUT YOU WOULDN'T USE IT CLINICALLY***



There are many antiseptics which will destroy bacteria, but they also destroy the surrounding tissue, leaving it vulnerable to further infection.

With Furmerane in suitable dilutions, you have at your command an agent with an unusually high degree of tissue-safety; yet, it is powerfully germicidal against a wide variety of organisms.

# **FURMERANE**

(2-HYDROXY-MERCURI FURAN)

**Powerful and Safe Germicide for General Use**

Laboratory and clinical studies on a large scale have demonstrated the bactericidal and bacteriostatic potency of Furmerane, its penetrative ability, its efficacy for pre-surgical skin preparation and for general germicidal use, as well as its remarkably low tissue-toxicity in effective dilutions.

**Furmerane Solution** ..... 1:3000—4-oz., pints and gallons  
**Furmerane Tincture** ..... 1:400 —4-oz., pints and gallons  
**Furmerane Ointment** ..... 1:3000—¼-oz. tubes and 1-lb. jars  
**Furmerane Nasal Drops with Ephedrine** ..... 1-oz., 4-oz., pints and gallons

**G.D. SEARLE & CO.**

Ethical Pharmaceuticals Since 1888

CHICAGO

New York

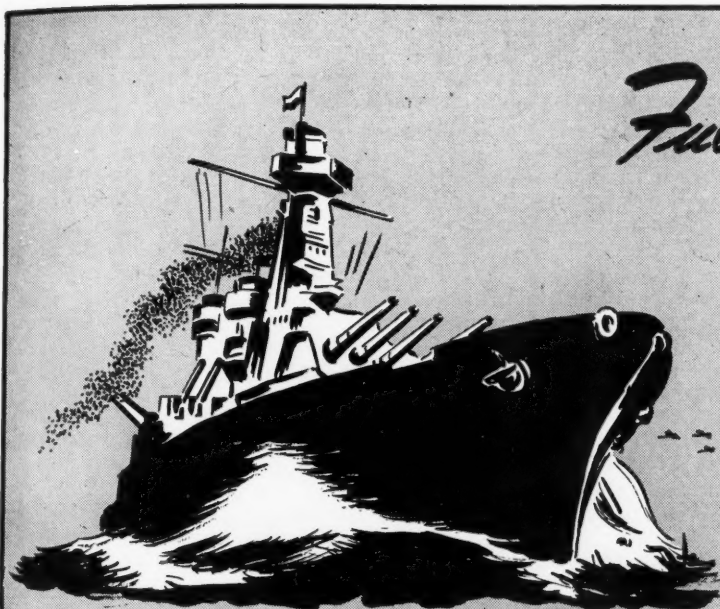
Kansas City

San Francisco



# SEARLE





*Full Speed Ahead!*

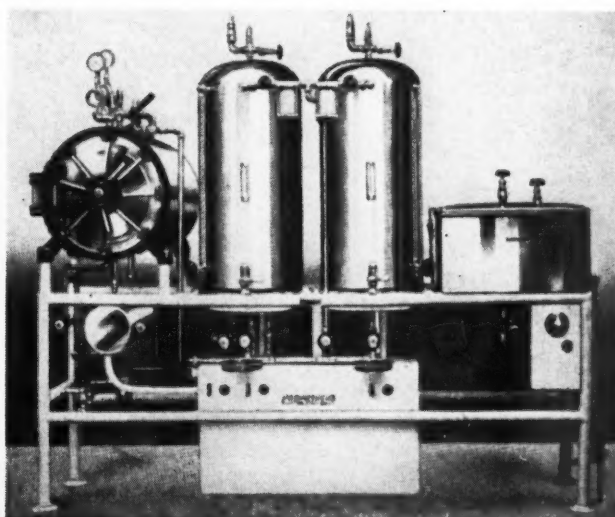
**PROMETHEUS**  
goes "all-out"  
for **DEFENSE**  
**PRODUCTION**



• In the Army, the Navy and the Air Corps, Prometheus products are serving with distinction. It is a part we are proud to play in our country's war effort—an effort that can have only one outcome . . . we "will gain the inevitable triumph!"

In this "all-out" program, there are bound to be occasions when even hospital needs must wait. If you have suffered inconvenience or delay . . . we ask your understanding. We are doing everything possible to meet the demands of the hospital field . . . on the same high standards of quality we have always maintained.

**EMERGENCY LIGHT** (Left) Ideal for use in blackouts or test air raids. **TRAY TRUCK** (Lower left) Sturdily constructed, highly mobile. **BATTERY COMBINATION** (Below) Any combination of sterilizers available.



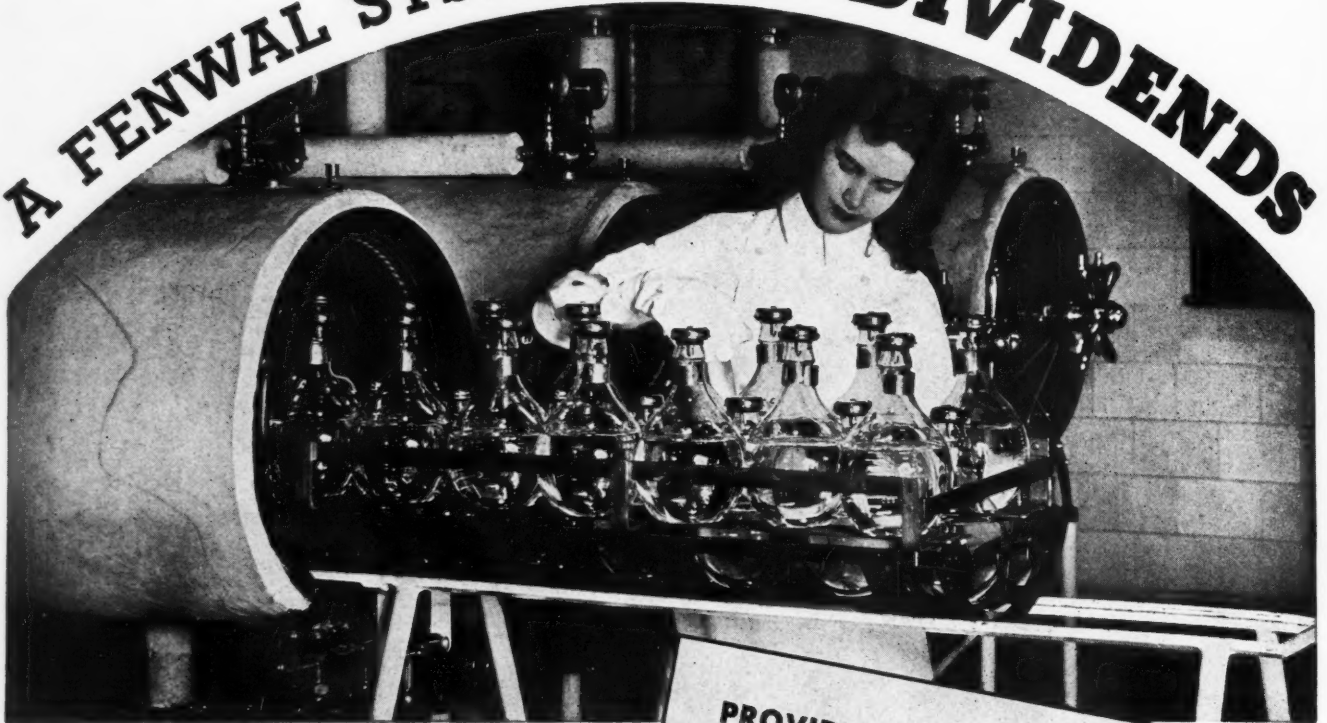
**PROMETHEUS ELECTRIC CORP.**

MANUFACTURERS OF QUALITY HOSPITAL EQUIPMENT SINCE 1901

401 WEST 13th STREET • NEW YORK, N. Y.



# A FENWAL SYSTEM PAYS DIVIDENDS



**IN CONVENIENCE... SECURITY... MONEY SAVED...** from the day it enables your hospital to prepare, store and administer **SAFE PARENTERAL FLUIDS** at an amazingly low per-liter cost.

Within a relatively short period, the Fenwal Technic has been adopted by hundreds of conservative yet alert-to-trend hospitals who recognize in this standardized equipment an immediate means of effecting a drastic economy.

*Send for literature describing various capacity Preparation Units and supplementary equipment which insures safety... accuracy... speed.*

## PROVIDES FOR ADMINISTRATION FROM ORIGINAL CONTAINERS

- Sterile solutions, under perfect vacuum, can be stored indefinitely without impairing their value as safe parenteral fluids.
- The sterility of solutions can be periodically tested and readily checked immediately prior to infusion without breaking the hermetic seal.
- Fenwal Container-dispensers can be reused hundreds of times. For practical purposes, they are available in graduated 1500, 1000, 500, 400 and 250 cc. sizes.
- Reusable TEL-O-SEAL hermetic closures fit containers of all sizes.

*We invite your direct inquiry*

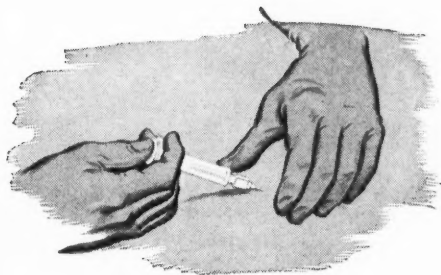
**MACALASTER BICKNELL COMPANY**

243 Broadway

Cambridge, Massachusetts



**THE SOLUTION DESIRED AT THE INSTANT REQUIRED**



In Acute Hypotension  
this powerful vasoconstrictor produces  
rapid, prolonged pressor response without  
undesirable side effects

# Neo-Synephrin

## Hydrochloride

*(laevo—alpha—hydroxy—beta—methyl—amino—3 hydroxy ethylbenzene hydrochloride)*



*Supplied in 1 c.c. ampules;  
and in rubber-capped vials  
containing 5 c.c. of a sterile  
1% solution. Average  
subcutaneous dose: 0.5 c.c.*

Frederick Stearns & Company



Since 1855 . . . ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO DETROIT, MICH. SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND



# McCray Presents

## A SPECIALLY DESIGNED AND ENGINEERED BLOOD BANK REFRIGERATOR

... PRODUCED IN CONSULTATION  
WITH LEADING HAEMATOLOGISTS FOR  
SAFE STORAGE OF BLOOD AND PLASMA



● Two separate temperature levels, perfectly maintained in one convenient cabinet, for safe storage and easy access to the bank of blood and plasma! In one sentence there are the significant facts about the new McCray Model R0430F—not a makeshift—but specifically designed and built for its vital job in hospitals and laboratories.

Interior arranged for convenient storage of blood and plasma bottles... easy access to both through hinged doors with finger-tip latch control. Entire interior and exterior front of gleaming porcelain. Thorough insulation; complete with compressor installed in base, ready to plug in and operate. More than 50 years experience in refrigeration for hospitals and institutions embodied in this model.

Complete information will be sent, without obligation. Write now.

**MCCRAY REFRIGERATOR CO.**  
266 McCray Court, Kendallville, Indiana  
*Salesrooms in All Principal Cities  
See Telephone Directory*



### TWO TEMPERATURE LEVELS

*At the Right*, a compartment of 11 cubic feet, in which temperature of 40° F. is maintained... *At the Left*, a separate compartment of 19 cubic feet, in which temperature may be held at 0° F.... Each compartment is controlled by a separate thermostat, with easy adjusting knobs.



*For the Most Efficient  
X-Ray Service*

**MOUNT CARMEL  
MERCY HOSPITAL, Detroit**

*Chose*

## KELEKET EQUIPMENT



*Other Prominent Hospitals  
in Metropolitan Detroit  
using KELEKET Equipment*

Grace Hospital, (John R Street Unit)  
Grace Hospital, (Northwestern Br.)  
Harper Hospital  
Henry Ford Hospital  
Providence Hospital  
Children's Hospital  
Woman's Hospital  
Charles Godwin Jennings Hospital  
Highland Park General  
Cottage Hospital  
Florence Crittenton  
Veteran's Administration

**I**N order to provide a complete and modern X-ray service, the Mount Carmel Mercy Hospital, Detroit, has selected KELEKET X-ray apparatus.

The correct selection of X-ray equipment is a necessity not only for handling patients with maximum efficiency, but also to effect low operating costs.

For these reasons KELEKET apparatus was also chosen in all of the prominent hospitals listed below.

Medical and administrative hospital staffs are invited to consult with our engineers, whether interested in a single unit or a complete laboratory.

**THE KELLEY-KOETT MFG. CO.**  
219-6 West Fourth St., Covington, Ky.

*Representatives in 64 cities*

**PIONEER CREATORS OF QUALITY X-RAY EQUIPMENT SINCE 1900**



## Johnny doesn't want to go home

Johnny's smile tells us what he thinks of life in a hospital. He's convalescing fast—and sleeping like a top.

Patients, young and old, need the health-giving benefits of sound, undisturbed sleep. It's so vital a part of hospitalization that anything affecting it takes on special importance. And that explains why modern hospital management gives such careful thought to casters.

**BASSICKS FOR QUIET EFFICIENCY**  
The quiet action of Bassick Casters is a boon to pa-

tients who might otherwise be disturbed. Bassicks' finer performance also makes things easier for the hospital staff—another important advantage these busy days.

Bassick Casters are engineered for longer service, for greater dependability wherever used . . . on beds, tables, chairs, trucks . . . all mobile equipment.

Investigate the complete line of the world's largest manufacturer when you order new equipment or make replacements. Enjoy the advantages that have made Bassick the leader in this field.

HOSPITALS RUN SMOOTHLY ON

**Bassick Casters**

BRIDGEPORT—CONNECTICUT

THE WORLD'S LARGEST MANUFACTURER OF CASTERS







## *Tactile Sensitivity*

*No* fumbling allowed! Adjusting a watch spring as fine as a hair, requires nimble fingers and a delicate sense of touch. The jeweler would find the going difficult indeed, were his hands encased in gloves. Yet the surgeon, whose work requires far greater tactile sensitivity, must operate *with* gloves. But this need be no handicap. "SR" STANDARD Gloves, due to their tissue-thin construction, permit bare-hand freedom of movement and sensation. They're rugged too—will withstand the rigors of many trips to operating room and autoclave. The reason? Absolute purity of materials, unremitting vigilance and careful testing during every process of manufacture. Eliminate uncertainty . . . specify "SR" STANDARD, the gloves most surgeons prefer.



Your supply house can furnish these "SR" STANDARD Gloves in three types: BROWN MILLED with banded wrist, WHITE LATEX, and BROWN LATEX . . . all easily identified by the "SR" seal.

THE SEAMLESS RUBBER COMPANY, NEW HAVEN, CONN.

Fine Rubber Goods Since 1877

SR

Reg. U. S. Pat. Off.

*Seamless*  
**Standard**  
*Surgeons' Gloves*

**RUBBER IS VITAL TO WAR PRODUCTION—CONSERVE IT! PRESERVE IT!**

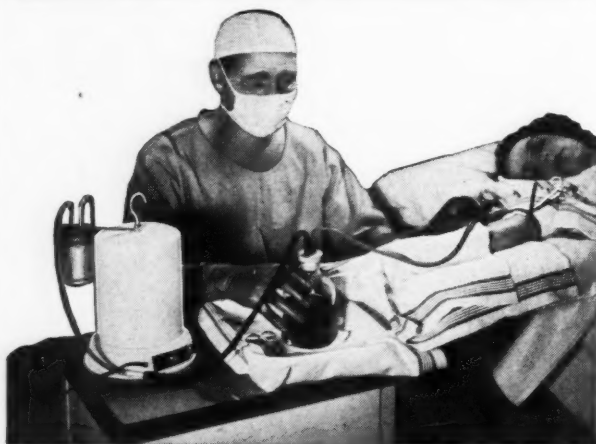
# HORNER WOOLEN MILLS COMPANY



EATON RAPIDS, MICHIGAN

M-6

## Precision Controlled Suction for BLOOD PROCUREMENT



Today's nation-wide program for establishment of blood banks is greatly facilitated by the GOMCO Thermotic Blood Procurement Pump. This new-type suction pump has no moving parts—is absolutely noiseless in operation. Can be kept continuously in use, providing a controllable variation of vacuum which permits the operator to select the proper suction for each donor and thereby prevent collapsing of venous walls. Vacuum ranges from 70 mm. to 100 mm. Easy to operate—safe—trouble-free. Ask your dealer for details—or write:

GOMCO SURGICAL MANUFACTURING CORP.  
85 Ellicott Street, Buffalo, N. Y.

**GOMCO**  
THERMOTIC PUMP

## Lengthen the Life of Your Rubber Goods



**E-Z and  
ZATEX**  
Safety PATCHES

### Your Cooperation Is Vital During Our Critical National Rubber Shortage!

Punctures and tears are easily repaired neat and strong with dependable E-Z and Zatex Safety Patches. Hundreds of hospitals now use this modern practice to double the life of rubber goods in the interest of economy and our War effort. Ask your supply house, today.

**E-Z PATCHES** for punctures and tears in acid cured rubber gloves.

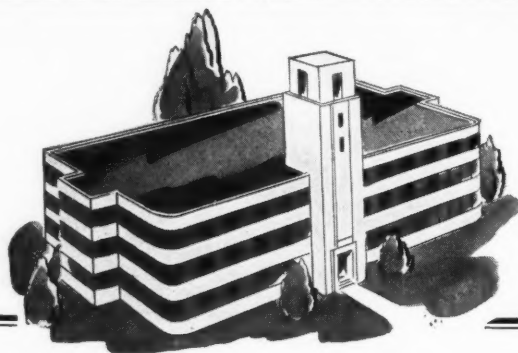
**ZATEX PATCHES NO. 1** for punctures and tears in latex gloves.

**ZATEX PATCHES NO. 2** for punctures and tears in water bottles, syringes, sheeting, etc.

Samples Free to Hospital Superintendents and Supervisors.



**THE E-Z PATCH COMPANY**  
AKRON, OHIO



## FURNISHING A HOSPITAL Calls for SPECIALISTS, Too...

Because CARROM specializes in the manufacture of wood furniture for hospital use, we can take care of your furnishings requirements most advantageously to you. The complete facilities of our Furniture Department are devoted *exclusively* to designing and making hospital furniture.

Call Carrom for consultation when you are thinking of furniture—whether your interest is in a single piece, a room, or the entire hospital.

**CARROM INDUSTRIES, INC.**  
LUDINGTON Established 1889 MICHIGAN



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Our  
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## *Vital tools of defense!*



Yes, every family physician, every nurse, every member of America's Health Army has a vital role in National Defense. For the Arsenal of Democracy's strength lies in the ability of its civilian population to produce—to stay on the job under the stress of "all out" production. The magnitude of this task is apparent from official estimates that behind every man in the armed forces today are eighteen others on the home front keeping him supplied with the materials of defense.

Now more than ever, there can be no compromise with

health. Only the best is good enough. The medical profession's arsenal must be kept filled with the highest quality equipment and supplies.

Speaking for ourselves, we can assure you that Patterson's facilities are keyed to the demands of the war program. Through increased vigilance over raw materials, improved production and constant research, Patterson Fluoroscopic and Intensifying Screens will continue

to give the unexcelled performance expected of them—under every conceivable operating condition.

THE PATTERSON SCREEN CO.  
TOWANDA, PA., U. S. A.

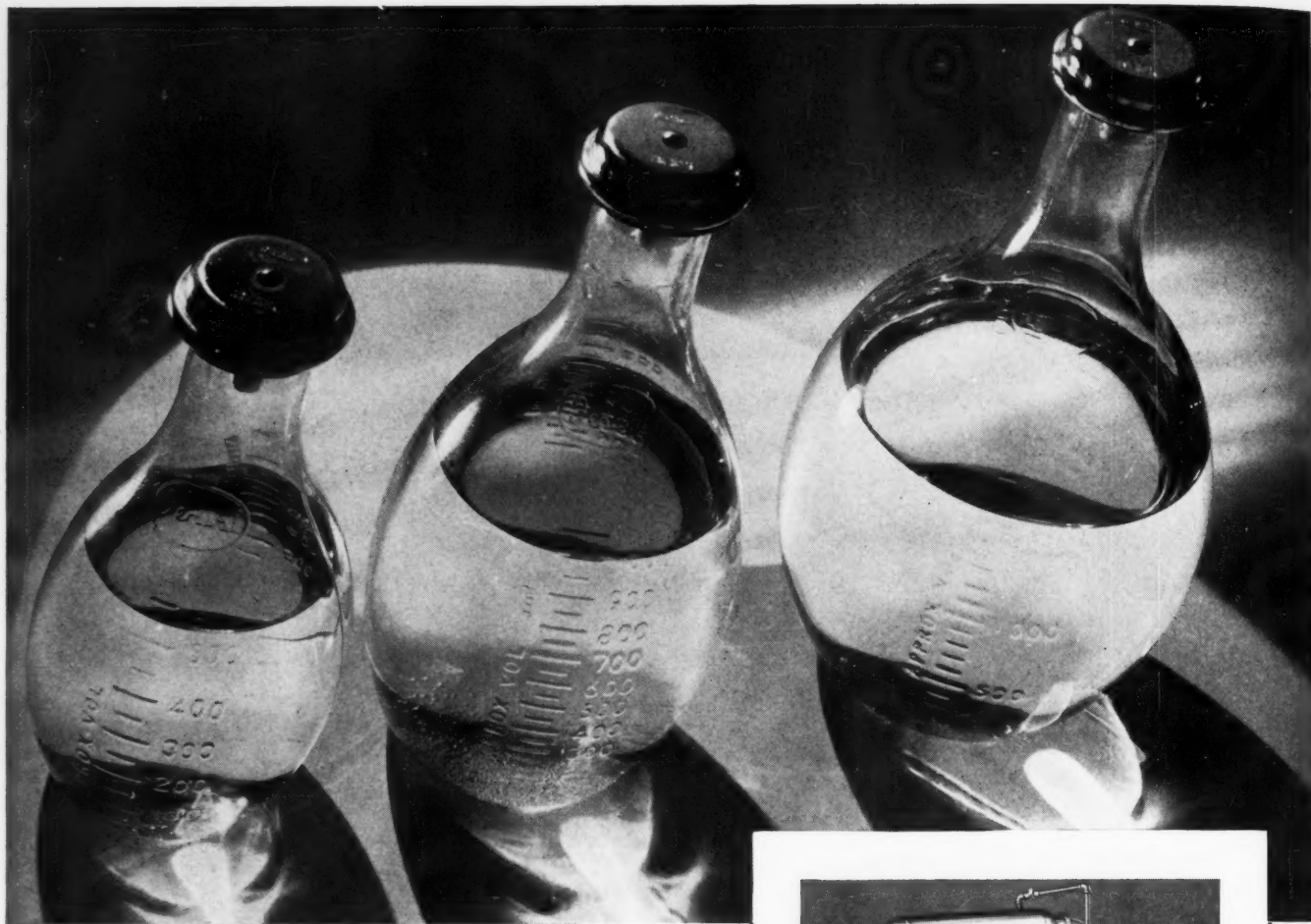
**PATTERSON'S**  
facilities devoted 100%  
to Public Health and Defense  
of the Democracies

# **Patterson X-Ray Screens**



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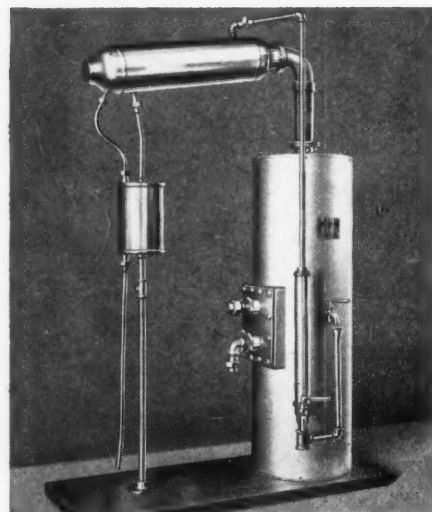
# Barnstead Distilled Water



## THE SAFEST, PUREST WATER FOR INTRAVENOUS SOLUTIONS

It is significant that more Barnstead Water Stills are used by hospitals than any other kind. Principally, the reason is this — Barnstead Distilled Water is the purest you can get. It is chemically and bacteriologically pure — free from pyrogenic impurities including bacterial toxins. It is the safest water you can use for intravenous solutions as well as for general pharmacy, clinic and surgery requirements. Moreover, the purity of Barnstead Distilled Water is consistent day in and day out — even after the still has been in constant use for years.

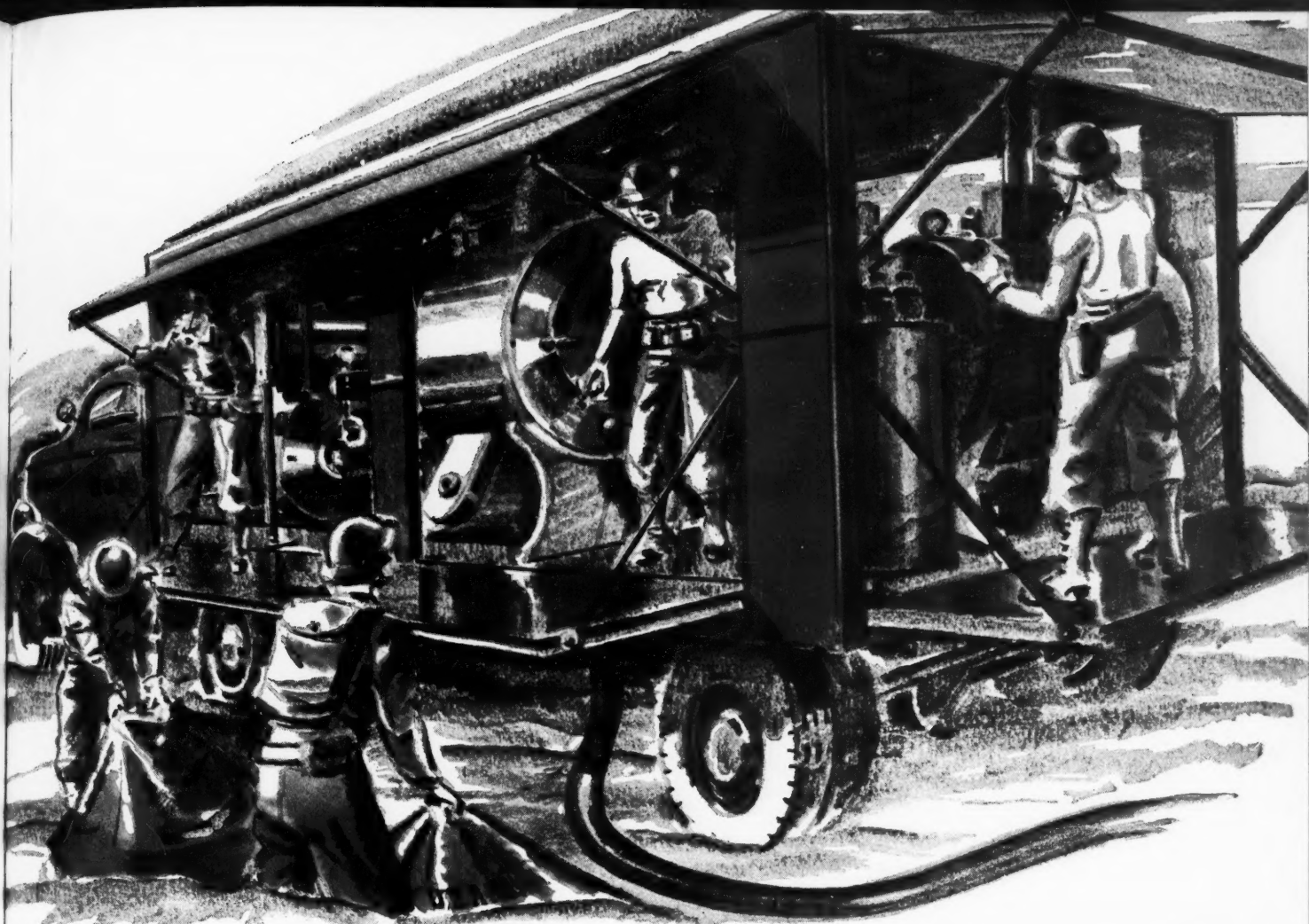
Of course, there are other reasons for the widespread hospital acceptance of Barnstead Water Stills. The complete range of sizes and models cover all hospital requirements. And the design and construction of Barnstead Stills insure most convenient operation at a minimum of maintenance or personal attention.



*Barnstead Water Stills range from  $\frac{1}{2}$  to 500 gallons per hour. Operation is by gas, steam, or electricity. Single, double and triple stills are available. Also, completely automatic outfits. Mounting facilities of all types and storage tanks in many sizes can be ordered.*

**Barnstead**  
STILL & STERILIZER CO. Inc.

31 LANESVILLE TERRACE, FOREST HILLS, BOSTON, MASSACHUSETTS



# Bachelor Bundles

(U. S. Army Style)

**L**AUNDERING is a problem for Uncle Sam, too. So that our fighting men will have clean clothes even in the field, Troy Mobile Laundry units will travel right with the mechanized forces.

Troy, like many other companies, has been called upon to devote its entire facilities and personnel to the War Production program. However, Troy is keeping its service organization in the field to assist Troy users at all times.

You can do your part by taking the best possible care of the laundry equipment you have . . . and keep on buying War Bonds.

# TROY

## LAUNDRY MACHINERY

Division of American Machine and Metals, Inc.

WHERE TROY EQUIPMENT  
IS SERVING OUR ARMED FORCES

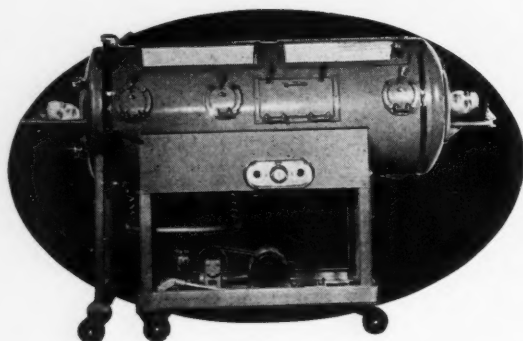
Naval Hospitals  
Naval Bases  
Battleships

Army Hospitals  
Army Camps  
Air Corps Bases

U.S. ARMY



—and RESPIRATORS?  
BE PATIENT PLEASE



While there is no priority needed to obtain Drinker-Collins Respirators, they will be harder to obtain as our plant devotes more and more time to OFFENSE work.

If you have to wait a little while for delivery—remember this—the all important objective of every true American is to win the war and it is more important that we devote the majority of our production effort to OFFENSE work even though this has curtailed respirator production seriously.

If we lose the war—it will make little difference whether you could get a respirator or not. Dictators are not interested in saving the lives of conquered people.

So, if you are interested in a Drinker-Collins Duplex respirator—we will make one for you—and if you have to wait a little—be patient please—we're helping to win the war.

Write for complete information to:

**WARREN E. COLLINS, INC.**

*Specialists in Respiration Apparatus*

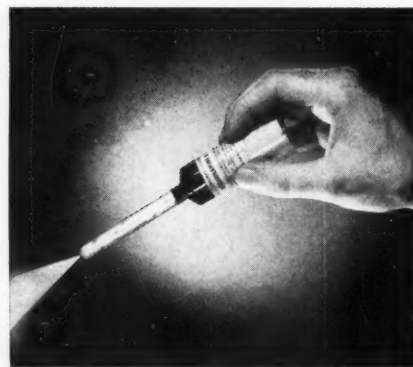
555 H HUNTINGTON AVENUE  
BOSTON, MASSACHUSETTS

# LOCAL USE OF SULFANILAMIDE (FLINT)

Ideally adapted to topical application, Sulfanilamide (Flint) is offered in convenient 1/2-oz. insufflator tubes.

Medical literature contains frequent references to the value of the sulfonamides, locally applied in the treatment of—

- ★ WOUNDS
- ★ LACERATIONS
- ★ BURNS
- ★ ABSCESES
- ★ COMPOUND FRACTURES
- ★ OTOLARYNGOLOGY

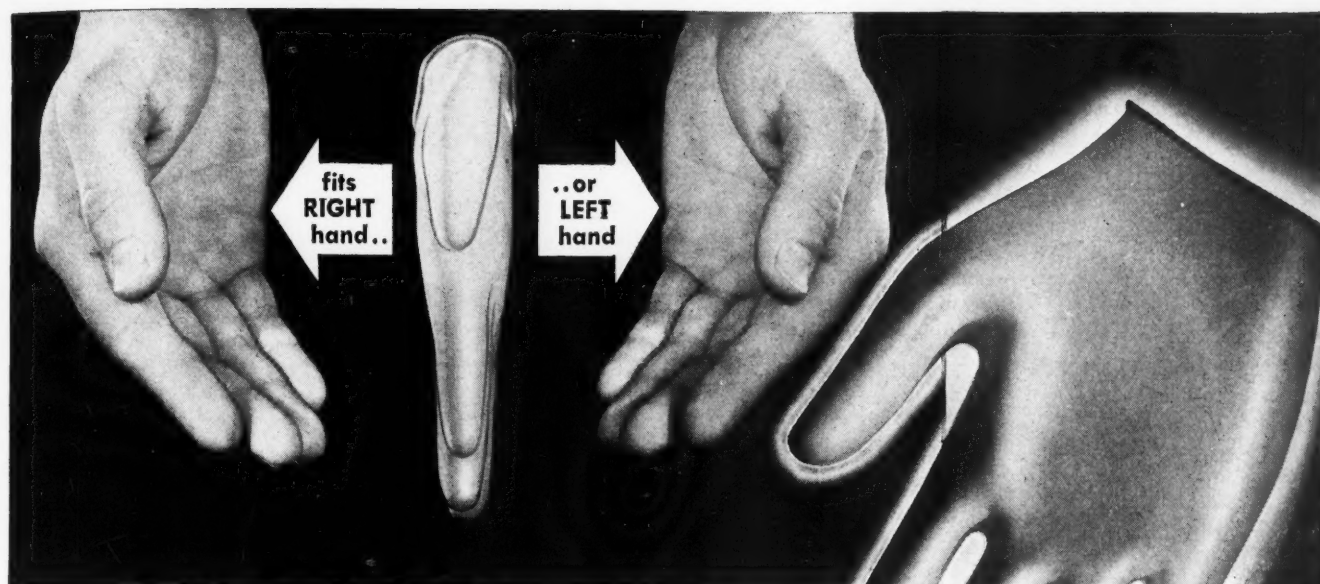


Write for information on the hospital uses of  
*Sulfanilamide (Flint).*

**FLINT, EATON & COMPANY**

DECATUR • ILLINOIS





• Save rubber for the war  
 • Save time and expense  
 in your hospital with the *Pioneer* **QUIXAM**  
 new Either-Hand dressing & examining glove

● For examinations, dressings, treatments—Pioneer's new QUIXAM, the handy *either-hand* short glove.

You can cut fully in half the stock of surgical gloves your hospital maintains for such uses, because you buy one QUIXAM instead of a pair, at less than half the cost—and only 3 sizes are needed.

A QUIXAM *fits* either hand, comfortably, leaves hand muscles free and easy.

And QUIXAMs are time-savers for the doctor. The glove he picks up is always the right one. It's always right side out. No bothersome wrist—he pulls it on easily and quickly unassisted; he strips it off instantly—that's why QUIXAMs are already

popular on dressing trays in many hospitals. They save sorting and turning, end the waste and trouble of broken pairs and torn wrists.

Made of finest quality latex, they have the sensitive sheerness of regular Pioneer Surgeons' Gloves, but they're tough, long-wearing, stand more trips to the autoclave than you're likely to give them.

No, they're not for "Surgery" but in a lot of other uses they offer improved service and substantial economies.

And they do save rubber for more gloves, needed now and to be needed more critically later on. Ask your regular source of supply for QUIXAMs, or write us for more information.

THE PIONEER RUBBER COMPANY  
 Manufacturers of Surgical Gloves for More than 20 Years  
 240 TIFFIN ROAD • WILLARD, OHIO  
 New York • Los Angeles

By the Makers of **ROLLPRUF**

**Surgical Gloves**



The exclusive flat-banded gloves that won't roll down to annoy the surgeon while operating.

*Pioneer* **QUIXAM**



## PEACE-TIME THINKING *IS OUT!*

**TODAY**, no reasonable person can risk the assumption that existing conditions and facilities will remain unaltered. We must be prepared to deal with emergencies. This is particularly true in the field of medicine, when the ability to meet adequately an emergency may mean the difference between life and death.

Stable, portable 'Lyovac' Normal Human Plasma is always ready for emergency, and can be stored wherever transfusion of plasma may be required—in operating room, delivery room, or accident room, and in offices, ambulances, first-aid stations and mobile disaster units.

Each 250-cc. unit of 'Lyovac' Normal Human Plasma provides approximately as much osmotically active protein as 500 cc. of whole blood. Stability is assured by means of quick freezing, followed by desiccation and storage under vacuum. "Dried plasma is one of the safest approved transfusion mediums now available on a mass-production basis. It does not require refrigeration and may be kept indefinitely."<sup>1</sup> Restoration is simple and rapid, and hypertonic (concentrated) plasma can be easily prepared when required.

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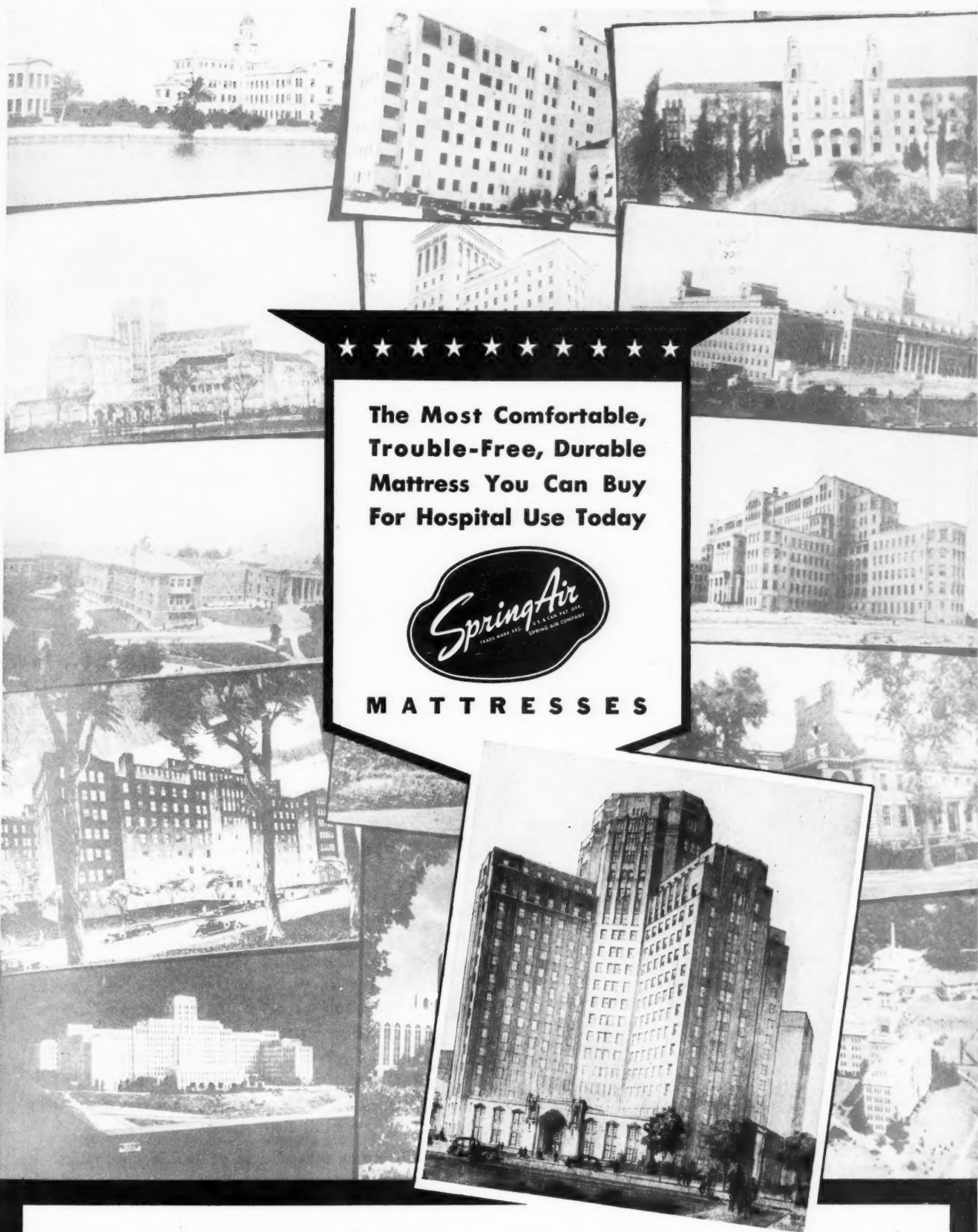
1. Provides essentially unchanged the proteins, antibodies, complementary and coagulating substances, together with three-fifths of the platelets present in the 250 cc. of fresh human blood plasma from which it was prepared.
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3. Decreases rather than increases hemoconcentration.

1. Medical Preparedness: J. A. M. A., 117:1711, Nov. 15, 1941

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# The Newer Concepts of Meat in Nutrition

## Meat . . .

### and the Pre-surgical Management of Gallbladder Disease

WHEN surgical intervention is indicated but not immediately required, many measures may be taken to improve the general condition of the patient, thus making him a better surgical risk. Such preparation reduces morbidity and mortality, and adds measurably to the patient's comfort during the immediate post-surgical period, and shortens the period of convalescence.

For many years, dextrose was administered prior to gallbladder surgery for the purpose of enabling the liver to withstand better the hepatotoxic effect of anesthesia and the unavoidable trauma of manipulation. While dextrose is of acknowledged value in this respect, Ravdin has recently asserted that its beneficial influence can be enhanced twofold by augmenting the intake of protein.

Ravdin<sup>1</sup> believes that a high lipid content in the liver increases the susceptibility to hepatic damage. The use of a high carbohydrate, high protein diet decreases the amount of

lipids<sup>2</sup> and increases the glycogen stores. The ready availability of the products of protein digestion enables the liver to undergo more rapid repair following surgery. Such preparation "will result in minimal injury and provide for rapid repair of existing injury when the liver is exposed to a variety of hepatotoxic agents."<sup>1</sup> Ravdin advocates oral feeding whenever possible to increase the protein and carbohydrate intake.

As a means of maintaining a high protein intake prior to biliary tract surgery, lean muscle meats are advantageous. Their rich stores of complete proteins provide the amino acids required in the synthesis of the body's own proteins. Furthermore, many cuts of meat can be attractively prepared virtually devoid of fat, hence need not contribute significantly to the fat intake.

1. Ravdin, I. S.: Some Aspects of Nutrition in Surgical Patients; *California & West. Med.*, 53:68 (Aug.) 1940.

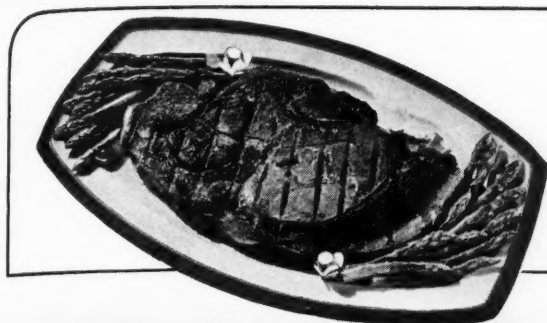
2. Channon, H. J., and Wilkinson, H.: Protein and dietary production of fatty livers, *Biochem. J.*, 29:350-356, 1935.

*The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.*



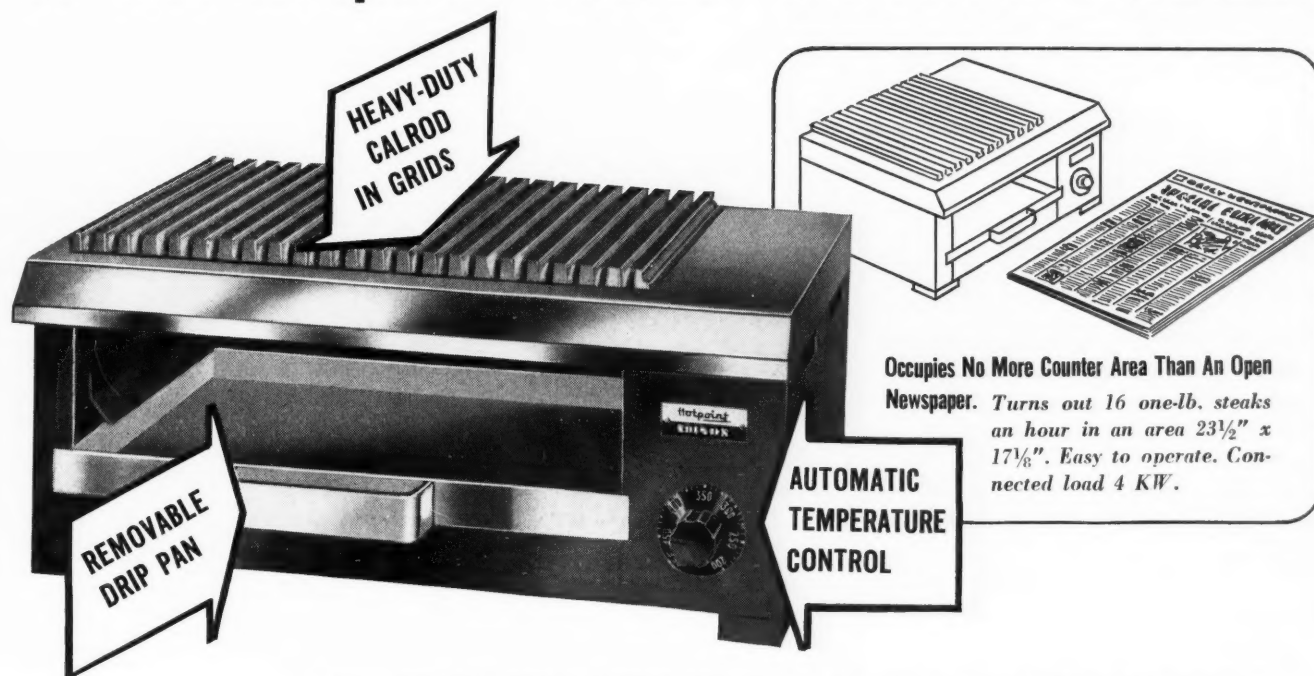
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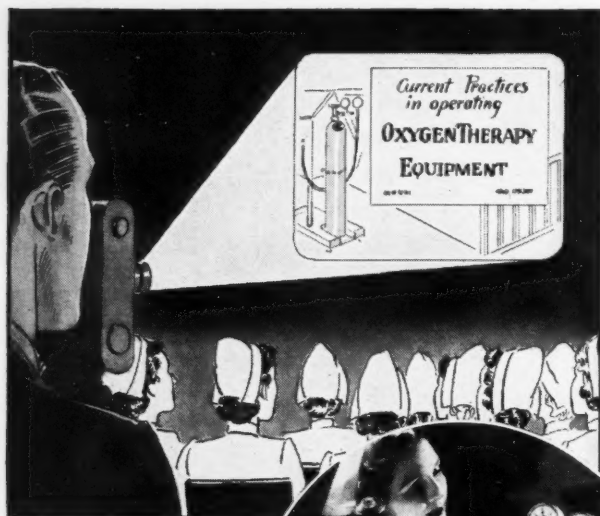
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A standard posture bottom bed equipped with end cranks. Approximate Dimensions:  
Size—36 x 76 inches inside. Cross Rods—1½ x 1½ inches. Height—Head, 48 inches. Pillars—1¾ inch Graceline. Foot, 38 inches. Vertical fillers, beaded and tapered. Fabric Height—27 inches.



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A portable steel frame for fracture cases. Fits any standard hospital bed. Clamps are adjustable for bed posts ranging in diameter from 1½ to 2 inches. This frame is completely demountable—easily stored—requires minimum space. Quick and easy assembly. Strong, rigid steel construction. Weight, 57 pounds.

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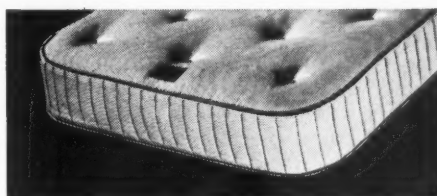
- H-10-1—Long Fracture Bar, with two clamps, 13 lbs.
- H-10-2—Short Fracture Bar, with two clamps, 9 lbs.
- H-10-3—Exerciser Bar, with two clamps, 4 lbs.
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Legs fold under for easy storage; when open, they are held rigid by spring latch. May be equipped with canopy rods at each end to hold insect netting. Sturdy tubular frame—1½ inch diameter. Link fabric spring—steel glides. Hospital bed height. Size, 36 x 77½ inches inside. Height, head 34¼ inches; foot 32¼ inches. Weight, 67 pounds.

**CANOPY—BCP-94**

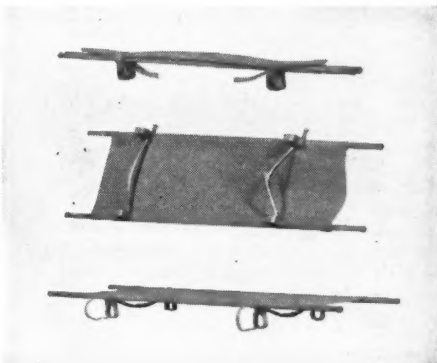
Illustrated at left. Weight, 5 lbs. Over-all height of canopy from floor, 66 inches.



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# Small Hospital Questions

## Emergency Charges

**Question:** What bookkeeping procedure is followed in small hospitals that have an emergency room but no out-patient department to keep proper records of payments for treatments?—N.S., N.Y.

**ANSWER:** Establish standard charges for emergency room services. Publish these charges in your "Information for Patients" booklet. Use the American Hospital Association form "Report of Emergency Case." This report form provides for the recording of complete information as to the cause of accident, description of injury, treatment given and disposition of case. All of this information is important in insurance cases. In addition, there is a space for insertion of the fee. These reports are turned in daily to the accounting office, together with the accident ward daily charge slip. Each case treated is recorded on the daily charge slip, which serves as the supporting bookkeeping record. The accident report is used to make up the accounts receivable card; then the report is filed in the office.

One experience worth mentioning, if collections are to be maintained at the proper level, is this: Collect, when possible, at the time treatment is given; failing this, bill responsible party on the same day services are rendered.—WILLIAM J. DONNELLY.

## Injections by Nurses?

**Question:** With the large number of physicians being taken into the armed services, it is becoming increasingly difficult for hospitals to find resident physicians and house officers. We are a small hospital, under 100 beds, and have at the present time no resident physician. We experience difficulty, therefore, in administering intravenous injections because we are forced to depend upon visiting staff physicians to perform these injections for one another. However, there are times, particularly at night, when there is no physician available for this procedure.

Would it be objectionable to have our nursing staff administer intravenous injections? We understand that, because of the present day situation, intravenous injections are being given routinely by graduate nurses in many hospitals throughout the United States.—A.E.M., Calif.

**ANSWER:** For several years I was in charge of a 50 bed hospital in the interior of Turkey. With no interns, no other doctor to help me, with daily clinics of 40 patients, with operations three mornings a week and a bed occupancy of 98 per cent the year round, I had to move fast and to delegate as much work as possible to the nurses.

In the Near East, patients are injection-minded. If a patient does not get

Conducted by Gladys Brandt, R.N., Children's Free Hospital, Louisville, Ky.; Jewell W. Thrasher, R.N., Frasier-Ellis Hospital, Dothan, Ala.; William B. Sweeney, Windham Community Memorial Hospital, Willimantic, Conn.; A. A. Aita, San Antonio Community Hospital, Upland, Calif.; William J. Donnelly, Princeton Hospital, Princeton, N. J., and others

an injection during his stay in the hospital he thinks he has not been treated properly. As a result, I soon found myself ordering from 15 to 20 injections a day in the hospital and many in the clinic. This soon came to be quite a chore and too time consuming for me to handle alone. My nurses were Turkish, Armenian and Assyrian girls, all eager to learn. Lacking professional hindrances in Turkey, they were soon able to give all forms of injections. The nurses liked it, the patients did not object and it saved me a lot of time. Particularly fussy patients I handled myself.

I realize that nursing conditions are different in America. However, I think it could be done here to advantage.

It relieves the doctor of giving the injection and thus frees him for other tasks. In a large hospital in which there is a shortage of interns, injections by nurses would partially relieve the situation. In a small hospital the average attending physician would welcome the time saved in letting the nurse do it.

To say that it is not taught as a part of nursing procedure is no argument. Where would progress be in the world if we all had that attitude? Let it be a part of nursing procedure and thus eliminate the legal objection. If a laboratory technician can learn to give these injections, certainly a nurse can, and if Turkish and Armenian nurses can learn how, American nurses can certainly do equally well.

However, I would draw the line at intravenous medications that could cause trouble if some escaped into the tissues, such as neosalvarsan and sodium chloride above normal saline strength. If these are not included, there should be no complaint later from the patient; of course, the doctor would always have the privilege of giving any injection himself.—WILSON F. DODD, M.D.

## Articles Made by the Tuberculous

**Question:** Should the work done by the patients in the occupational therapy department of a tuberculosis sanatorium be sterilized before it is sent out or sold?—I.L.H., Wis.

**ANSWER:** First of all, it is advisable that no toys or articles used by children be made in the occupational therapy department. If facilities are available and the product is such that it can readily be sterilized, sterilization should be performed. If such conveniences are not available, the user or purchaser should be advised to wash all washable articles in boiling water and iron them.—M. POLLAK, M.D.

## Sick Leave Deductions

**Question:** Should time exceeding sick leave be deducted from vacation or deducted from salary? All employees included.—A.F.S., Md.

**ANSWER:** It seems to me that time exceeding sick leave should be deducted from salary, inasmuch as theoretically a vacation is granted as a period of time during which energy may be stored up for the coming year. We make it a practice to deduct sick leave from salary and to insist that employees receive all the vacation to which they are entitled.—DONALD S. SMITH.

## Drug Charges to Employees

**Question:** When a resident or an intern prescribes for an employee, in case of minor illness, is a charge made for the drugs?—G.C., N.Y.

**ANSWER:** One method of control over the indiscriminate prescribing by the house staff for employees is to charge the employee for all drugs. Drugs and all so-called perquisites should be reviewed in determining the basic wage structure.—ADA BELLE MCCLEERY.

## Case Histories Before Operations

**Question:** What can be done when case histories are not sent in on time, previous to operation?—Sr. M.R., Ark.

**ANSWER:** Except in case of absolute emergency, operations should not be performed without histories and physical examination reports having been previously made out and recorded. This practice is a safeguard for the patient as well as for the hospital. If doctors persist in not providing these records, the hospital should refuse to allow the operation to go ahead until they are provided. The hospital board should insist on this practice. If this authority brings the matter to the attention of the staff, there is normally no difficulty in obtaining uniform practice.—JOSEPH G. NORBY.



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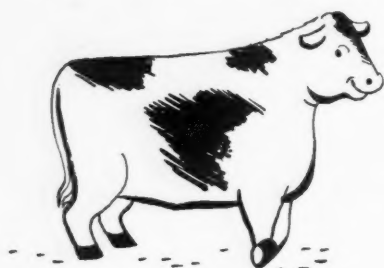
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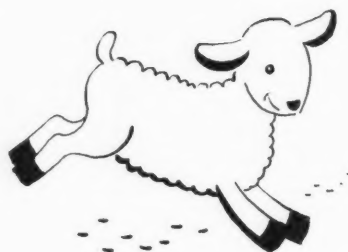
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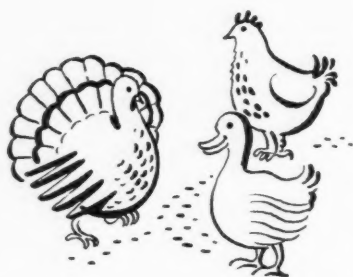
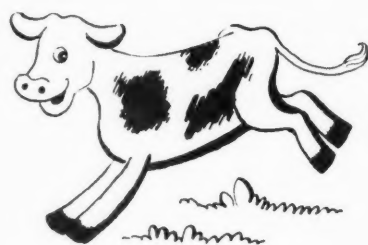
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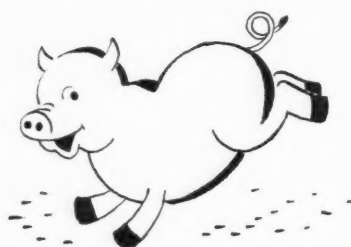
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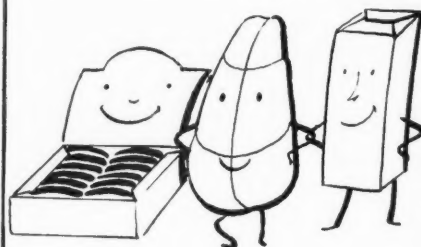
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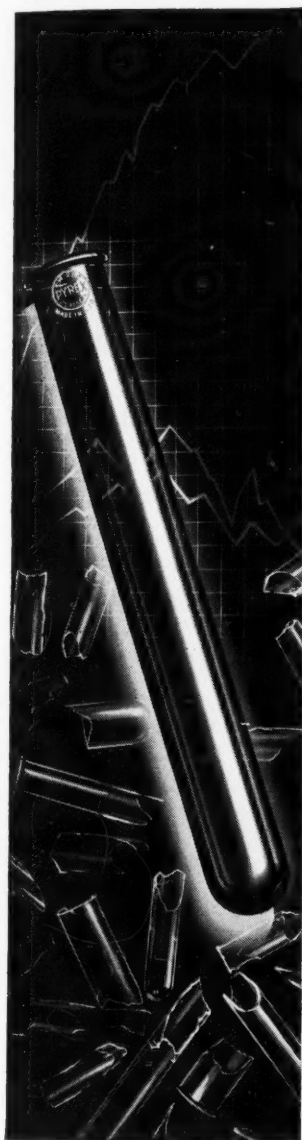


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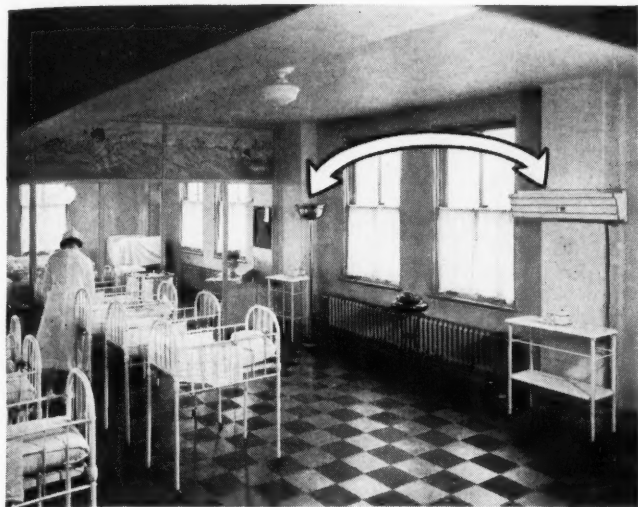
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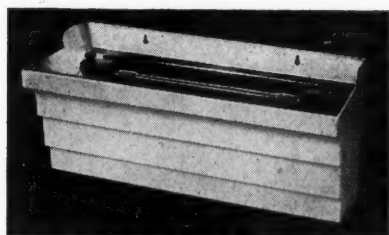
Hanovia Safe-T-Aire Lamps are now being used with great success in Operating Rooms, Milk Formula Rooms, Nurseries, Clinics, Isolation Wards, Corridors and everywhere where air sanitation is an important factor.

One eminent authority, following a series of successful experiments with ultraviolet rays in checking measles, epidemics in schoolrooms, made this significant statement: "You can now have contagion-proof rooms in the same sense that we now have fireproof buildings."

*We invite inquiries for complete details covering Hanovia's Ultraviolet Safe-T-Aire Lamps.*



Floor Stand Model



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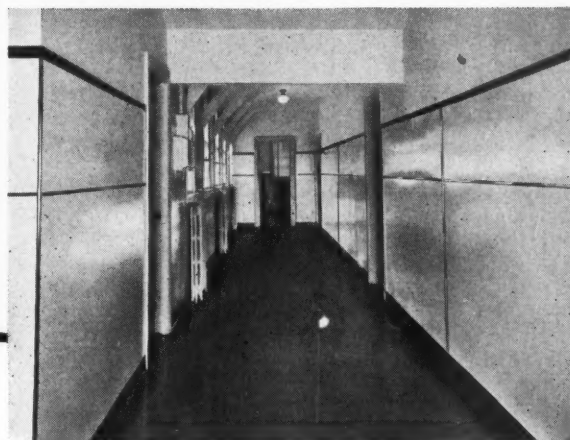
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Now, the army isn't running this. The USO is. And most of the other camps got USO clubs too, because you and a lot of other folks dug down and gave the money to the USO last year.

But, Pop, you know what's happened since then. Guys've been streaming into uniform. Last year there was less than 2 million of us. This year there'll be 4 million. And the USO needs a lot more dough to serve that many men—around 32,000,000 bucks I hear.

Now, Pop, I know you upped with what you could last time. But it would sure be swell if you could dig into the old sock again. Maybe you could get some of the other folks in the neighborhood steamed up, too.

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*Bill*



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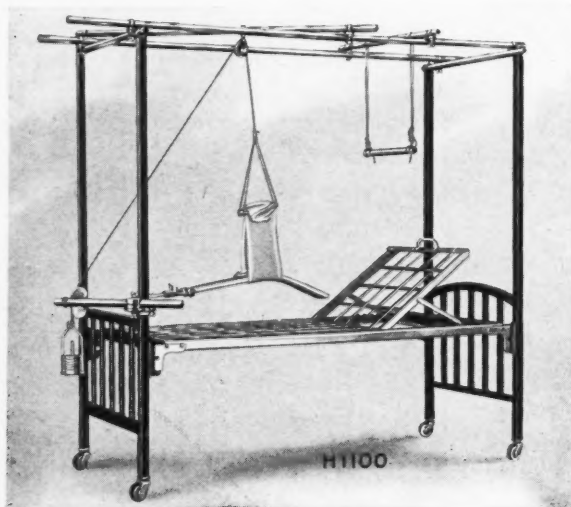
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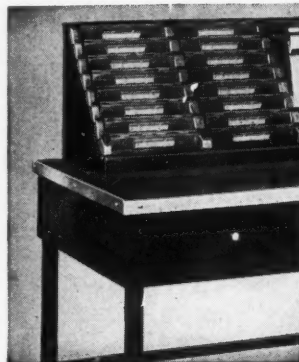
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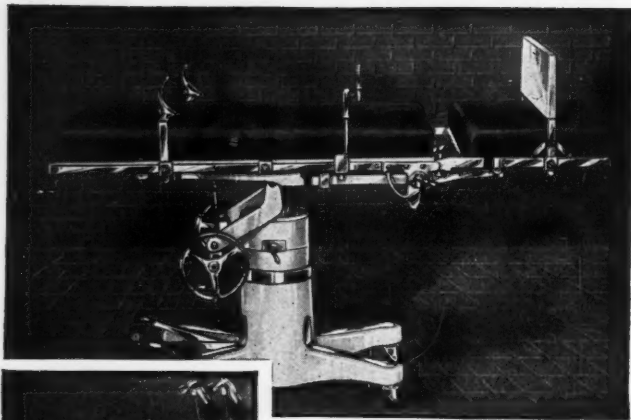
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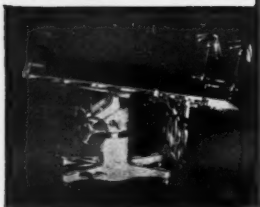
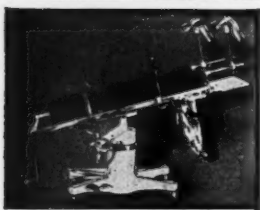
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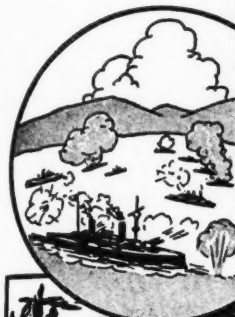
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Gettysburg • 1863



Manila Bay • 1898



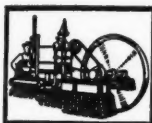
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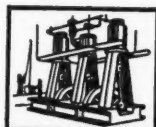
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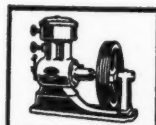
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- 26 -

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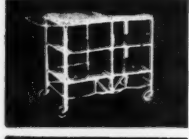
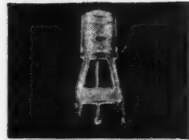
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## POSITIONS WANTED

**ADMINISTRATOR**—Layman; graduate of eastern university; held important administrative position in industry before entering hospital field; twelve years' successful experience as administrator, fairly large hospital. MH6-22. Medical Bureau, (Burneice Larson, Director), Palmolive Building, Chicago.

**ADMINISTRATOR**—Well trained physician; three years' graduate training before specializing in hospital administration; several years' training under one of country's outstanding administrators; acquired business experience before entering medical school. MH6-21. Medical Bureau, (Burneice Larson, Director), Palmolive Building, Chicago.

**ANESTHETIST**—10 years experience as superintendent and anesthetist medium size hospital; southern nurse, wants southern position; splendid anesthetist and prefers anesthesia alone if salary satisfactory. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**DIETITIAN**—Age 31, member ADA, six years experience; pleasing personality, loyal, efficient, splendid buyer; available as chief dietitian large southern hospital. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**DIETITIAN**—B.S. Degree, four years experience; available early in June, Texas or surrounding states. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**DIRECTOR OF NURSES**—B.A., state university; considerable work towards Master's; graduate training in administration; several years' teaching experience; four years, assistant director of nurses, fairly large hospital; no preference as to locality; for further details, please write Burneice Larson, Director, Medical Bureau, Palmolive Building, Chicago.

**DIRECTOR OF NURSES**—Southern, A.B. Degree, broad experience; pleasing personality, high ideals, unusual executive ability; also experienced social service worker. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**LAUNDRY MANAGER**—Age 45, college trained, good health, thoroughly experienced hospital laundries; outstanding record cost reduction, low tensile strength loss, winning cooperation of employees; works smoothly with other departments; excellent references; available immediately metropolitan New York. MN 456, The Modern Hospital, 919 N. Michigan Avenue, Chicago.

**PATHOLOGIST**—Diplomate American Board of Pathology; has limited work to pathology since 1924; past five years has directed departments in three hospitals; age 48; for further details, please write Burneice Larson, Director, Medical Bureau, Palmolive Building, Chicago.

**SUPERINTENDENT**—Male, age 37, college man; well versed in accounting and business management; ten years association with and training under an eminent hospital administrator has fitted him for successful leadership; highly recommended as superintendent medium size hospital or assistant large institution. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**SUPERINTENDENT OF NURSES**—Two southern nurses work well together as superintendent and assistant superintendent of nurses; well fitted by background and experience; both highly recommended as to personality, industry, executive ability; available early in June. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**TECHNICIAN**—Laboratory x-ray, B.S. Degree, registered; nearly three years experience; gives high grade efficient services; wants to locate in a southern university city, either hospital or doctor's clinic. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**TECHNICIAN**—Registered laboratory, experienced in x-ray, registered nurse; several years experience; prefer Michigan but will consider anywhere; five years in present position; references furnished. MN 454, The Modern Hospital, 919 N. Michigan Avenue, Chicago.

**TECHNICIAN**—X-ray and laboratory; 18 years experience in all procedures including basals, E K G, Intravenous, capable, congenial, adaptable; male; age 38. P. O. Box 1003, Washington, D. C.

**YOUNG RADIOLOGIST**, who will complete three-year teaching fellowship in radiology; captain, inactive medical reserve; ineligible military service because of non-incapacitating disability which developed recently; for further details, please write Burneice Larson, Director, Medical Bureau, Palmolive Building, Chicago.

## POSITIONS OPEN

### ADMINISTRATION

**ADMINISTRATORS**—(a) Large hospital, New York City; training school; previous experience essential; good salary. (b) Small hospital, midwest; all graduate staff; salary open. Brown's Medical Bureau, 7 East 42nd Street, New York City.

**ADMINISTRATORS**—(a) Medical or lay administrator; new hospital of approximately 250 beds to be opened in late fall. (b) Medical administrator; 500-bed hospital; relatively new; modern; all latest facilities; city-county controlled. MH6-1, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERINTENDENT**—Graduate nurse; 70-bed approved hospital; no school; ideal western location; salary open. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

### NURSING—EXECUTIVE

**DIRECTORS**—Educational; Degree; science teaching experience. (a) 300-bed midwestern hospital. (b) 175-bed hospital, eastern Pennsylvania. (c) 150-bed Iowa hospital; 3 and 5 year courses, with college affiliation. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**DIRECTOR OF NURSES**—Approximately 45 student nurses, graduate staff of 25; requirements—age about 35, degree from recognized college, Protestant, experience; beginning \$150, maintenance, including apartment and bath. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**DIRECTOR OF NURSES**—125-bed Virginia hospital; to take complete charge of training school; \$125, full maintenance. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**DIRECTOR OF NURSES**—Assistants; college education. (a) 200-bed Connecticut hospital, open July. (b) 210-bed hospital, eastern industrial center. (c) 224-bed hospital, western New York; salary \$150, increase. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**DIRECTORS OF NURSING**—B.S. Degree. (a) 125-bed hospital, eastern state; salary \$175, maintenance. (b) 150-bed midwestern state; accredited school 50 students. (c) 85-bed New England hospital; small school. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**INSTRUCTOR IN MEDICAL NURSING**—For department with capacity of 28 beds; head nurse in charge of each ward; supervisor responsible for classroom instructing; degree; large university hospital; \$135; west. MH6-6, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

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## POSITIONS OPEN

### NURSING—EXECUTIVE

**INSTRUCTOR**—Nursing arts; \$125, maintenance; central. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**INSTRUCTORS**—(a) August opening—science; B.S. Degree with background of good experience; beginning \$135, complete maintenance, with increase; 175 beds, Pennsylvania. (b) Attractive calls from Tennessee, Virginia, Georgia, Florida, Ohio, Michigan, Illinois, North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**INSTRUCTORS**—(a) Educational director; capable taking charge educational program in large university hospital; degree; excellent salary; south. (b) Educational director; extensive administrative and teaching experience required; salary open; 600 beds; midwest. (c) Science; teaching duties will begin September 1st; degree; 180 beds; 70 students in school; salary open; Texas. (d) Science; 225 beds; 75 students in school; \$135, maintenance; Ohio. (e) Science; some office relief required; 160 beds; \$135, maintenance; east. (f) Nursing arts; 125 beds; \$140; midwest. (g) Nursing arts; willing to supervise ward procedure; 200 beds; \$135, maintenance; large northwest city. (h) Nursing arts; degree and experience required; large general hospital; \$125-\$150, maintenance; New York State. (i) Nursing arts; requires someone who understands nursing school program and has ability to work out program for attendants; 500 beds; \$165; California. MH6-5, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**INSTRUCTORS**—Clinical; college credits; well organized schools; some situations with educational advantages; New Jersey, New York, Pennsylvania, Massachusetts, Michigan, Illinois, Iowa, Ohio, Tennessee, Virginia, North Carolina. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**INSTRUCTORS**—Nursing arts. (a) 220-bed hospital, eastern city, near Philadelphia. (b) 115-bed hospital, New York, university affiliation. (c) Large Sisters' hospitals, Minnesota, Kentucky, Ohio, Iowa, Pennsylvania. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**INSTRUCTORS**—Science. (a) 450-bed Tennessee; outstanding school; excellent salary. (b) 135-bed Illinois hospital. (c) 220-bed Kentucky hospital. (d) 125-bed Virginia hospital. (e) 145-bed Ohio hospital; salary \$140, maintenance. (f) 350-bed Pennsylvania hospital. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**NURSE EXECUTIVES**—(a) Administrator for city-owned and approved hospital of 180 beds, training school; unusual opportunity; salary open; south. (b) Superintendent; well-equipped 75-bed hospital, graduate staff; \$175, maintenance, including suite in nurses' home; west. (c) Superintendent of nurses; capable, experienced executive for school of nursing with 215 students; degree required; 700 beds; \$3000; large midwest city. (d) Superintendent of nurses; immediate appointment; general 200-bed hospital; \$150, maintenance; east. (e) Director of nurses; successful administrative experience; 180 beds; 75 students in school; salary open; southwest. MH6-2, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERINTENDENT OF NURSES**—Assistant. (a) For fully approved 400-bed hospital; degree required; \$150, maintenance; midwest. (b) Assistant superintendent; duties will include those of assistant superintendent of nurses; 75 beds; accredited school of nursing; \$125, maintenance; New England. MH6-4, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERINTENDENT OF NURSES**—Degree; \$175, maintenance; east. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**SUPERINTENDENTS OF NURSES**—(a) 200-bed hospital, New York City, 50 students, degree; previous experience not essential; starting salary \$175 and maintenance. (b) 150-bed hospital, New Jersey, 35 students, degree; \$150-175 and maintenance. Brown's Medical Bureau, 7 East 42nd Street, New York City.

### NURSING—SUPERVISION

**SUPERVISOR**—Graduate nurse particularly well trained in hydrotherapy to supervise hydrotherapeutic wards, large municipal hospital; \$150, maintenance. MH6-8, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERVISOR**—Night; \$100, maintenance; central. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**SUPERVISOR**—Nursing; to take charge of approved orthopedic institution for children; \$150, maintenance; southwest. MH6-3, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERVISOR**—Obstetrical; \$100, maintenance; east. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**SUPERVISOR**—Operating room; \$100, maintenance; central. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**SUPERVISOR**—Operating room; post-graduate work and teaching experience required; approved general hospital; salary open; Porto Rico. MH6-11, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERVISOR**—Pediatric; to assist with administration of school; childrens hospital, midwestern city. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**SUPERVISOR**—Psychiatric; able to assume responsibility for nursing service, purchasing of supplies; private 40-bed institution; minimum salary, \$125, maintenance; Ohio. MH6-7, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERVISORS**—(a) General; experience in operating room work desirable; \$110, maintenance; 65-bed hospital; New England. (b) Medical floor; will combine duties with those of assistant superintendent of nurses; 125 beds; graduate staff; \$115, maintenance; California. (c) Surgical floor; vacancy due to departure of army hospital unit; large university hospital; excellent salary for qualified candidate; south. (d) Obstetrical; experience, post-graduate work required; 300 beds, \$130; south. (e) Obstetrical; for general 150-bed hospital; \$145; northwest. (f) Operating room; qualified to take charge of large department; university hospital; \$150; south. (g) Operating room; department averages 450 operations monthly; 400 beds; salary open; midwest. (h) Operating room; active service; 5500 operations annually; 150 beds; excellent salary; Michigan. (i) Pediatric; no teaching duties; 150 beds; salary open; east. (j) Evening; experience, degree desirable; 500 beds; \$185; west coast. (k) Night; general, 175-bed hospital; \$125, maintenance; large eastern city. MH6-9, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUPERVISORS**—Night. (a) 200-bed private unit; large Ohio hospital. (b) 300-bed eastern hospital; salary \$125, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**SUPERVISORS**—Obstetrics. (a) 140-bed hospital, northwest. (b) 300-bed hospital, Wisconsin. (c) 250-bed hospital, New York State; teaching responsibilities; salary \$125. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**SUPERVISORS**—Operating room. (a) 120-bed hospital, near Cincinnati; \$125, maintenance. (b) 100 beds, near Albany, New York; graduate service, eight hour duty, pleasant position; \$120, complete maintenance. (c) High type 50-bed hospital, Tennessee, \$100, full maintenance; new nurses home. (d) Calls from Idaho, Wisconsin, Oklahoma, Texas, New York. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

(Continued on page 152)



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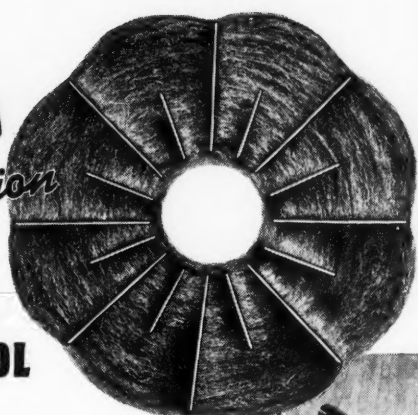
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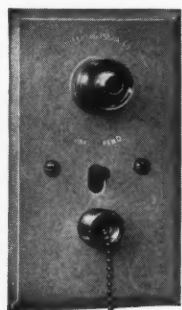
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Signal operates with slight pull. If accidentally jerked too hard, snap link opens preventing damage to unit. Send for prices and complete description.

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## POSITIONS OPEN

### NURSING—SUPERVISION

**SUPERVISORS**—Operating room. (a) 325-bed hospital, eastern university city; salary \$130, maintenance. (b) 155-bed hospital, western Pennsylvania; salary \$140; board. (c) 150-bed western hospital. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**SUPERVISORS**—Out-patient. (a) Large mid-western hospital; open July. (b) 300-bed North Carolina hospital. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, 1501 Euclid Avenue, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

### NURSING—GENERAL

**GENERAL DUTY NURSES**—(a) For small industrial hospital; considerable first aid work; eight hour duty; salary, \$135, room in new nurses' home; Arizona. (b) Eight-hour duty, six-day week; 150 beds; \$115, live out; northwest. (c) General, approved 180-bed hospital; \$85, maintenance, or \$105, live out; Michigan. (d) Small general hospital; 12-hour duty; \$100, maintenance; 15 minutes from New York City. (e) Well equipped 40-bed hospital located in Pacific northwest; minimum salary, \$85, maintenance. MH6-12, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**GENERAL DUTY NURSES**—(a) \$90, maintenance; central. (b) \$115, meals, laundry; central. (c) \$120, monthly; west. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**INDUSTRIAL NURSES**—(a) For large ordinance plant located near beautiful university city in midwest; salary open. (b) 48-hour week; 3500 employees; starting salary, \$150; Illinois. MH6-15, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**PUBLIC HEALTH NURSE**—Instructor and supervisor of public health and out-patient nursing service in large university hospital; department averages 12,000 patients monthly; duties administrative and teaching; degree required; west. MH6-17, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SCHOOL NURSES**—(a) School nurse for public schools in small city located in Chicago area; appointee must have car; minimum salary, \$150. (b) Student health nurse; girls' school located in southern city; nine-months' appointment; \$1300. MH6-18, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SURGICAL NURSES**—(a) For general 100-bed hospital, graduate staff; \$135; California. (b) Nine-hour duty; 160 beds; \$105; New York. (c) Will alternate afternoon and night shifts; 400 beds; \$100; Texas. MH6-10, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**SUTURE NURSES**—Salaries \$100-\$110, maintenance, all locations. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

### ANESTHESIA

**ANESTHETIST**—\$135, maintenance; south. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**ANESTHETIST**—Medical; physician to direct department of anesthesiology, 450-bed hospital; diplomate required. MH6-13, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**ANESTHETISTS**—(a) Experienced, for fully approved private 150-bed hospital; 250-300 operations monthly; three anesthetists employed; minimum salary, \$125, maintenance; south. (b) Nurse anesthetist for general 700-bed hospital; minimum salary, \$125-\$135, maintenance; New York. (c) For approved 75-bed hospital; \$135, maintenance; Michigan. (d) Relief anesthetist for July to September inclusive; large general hospital located San Francisco area; \$150. (e) Willing to do general duty in 60-bed general hospital; salary open; Alaska. MH6-14, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**ANESTHETISTS**—(a) Large Brooklyn hospital, two vacancies; \$135, maintenance. (b) 175 beds, Florida; beginning \$125, full maintenance. (c) Two vacancies large Ohio hospital; good salary, splendid living conditions. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**ANESTHETISTS**—Large university hospital; salary \$130, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, Director.

### FOOD SERVICE

**DIETITIAN**—Degree; \$100-\$125, maintenance; east. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

**DIETITIANS**—(a) Administrative; 150-bed Pennsylvania hospital. (b) Assistant; 250-bed university hospital; midwest. (c) 325-bed hospital, new building; southern state. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, Director.

**DIETITIANS**—(a) To take charge of large dietary department; four assistants; \$175, maintenance; 300-bed hospital; large New England city. (b) Capable of reorganizing and managing department of university hospital; attractive salary for qualified candidate; south. MH6-19, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**DIETITIANS**—(a) 250 beds, New England, chief dietitian; salary open, depending on qualifications. (b) Opening June 15; daily average patients 75; Wyoming; \$100, maintenance. (c) 50-bed South Carolina hospital; \$100, maintenance if member ADA. (d) 100 beds, Virginia; 36 student nurses; \$125, maintenance. (e) Assistant, large Florida hospital, ADA membership. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

### TECHNICIANS

**TECHNICIAN**—Laboratory and x-ray; graduate nurse qualified to act as laboratory and x-ray technician in 78-bed hospital. Apply giving experience and salary expected to: the Superintendent, Chipman Memorial Hospital, St. Stephen, New Brunswick, Canada.

**TECHNICIANS**—(a) Chief technician for laboratory in approved 150-bed hospital; salary open; south. (b) Laboratory technician; for established and well-known group clinic located in large southwestern city; \$135. (c) Bacteriologist; must be able to operate blood plasma bank under supervisor; 150-bed hospital; \$175; Michigan. MH6-20, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

**TECHNICIANS**—(a) Laboratory and x-ray, 85-125 bed hospitals; excellent salaries. (b) X-ray; 75-bed Wisconsin hospital; salary \$125, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, R.N., Director.

**TECHNICIANS**—(a) Laboratory and x-ray, large southern hospital; salary open to discussion; registration required. (b) 85 beds, Arkansas; hours 8 to 5; on call for emergencies; \$125, maintenance, if registered. (c) Assistant, busy laboratory, three employed; \$100, maintenance if registered. (d) 125 beds, South Carolina, salary depends on ability. (e) Wisconsin, 55 beds, will pay \$125, full maintenance for good qualifications and experience; two employed. North's Hospital Registry, 406 Republic Building, Louisville, Kentucky.

**TECHNICIANS**—(a) Laboratory, x-ray; \$95-\$125, maintenance; central. (b) Laboratory; \$125, maintenance; east. Zinser Personnel Service, 1546 Marquette Building, Chicago, Illinois.

(Continued on page 154)





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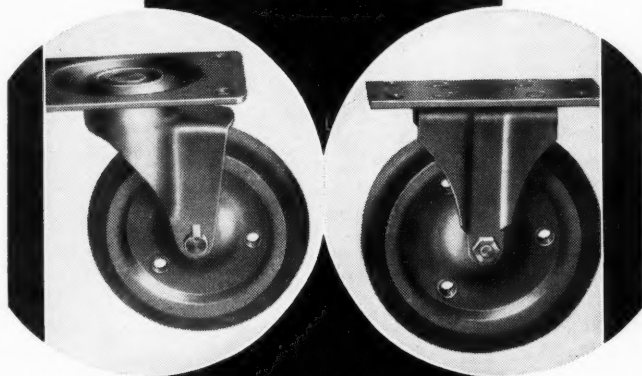
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**LIBRARIANS**—Record. (a) Experienced person to take charge of department; 200 beds; \$125; large western city. (b) Must be registered, able to take dictation; 90 beds; \$100, maintenance; New York. (c) Experience necessary; attractive salary to qualified candidate; 100 beds; south. MH6-16, Medical Bureau (Burnice Larson, Director), Palmolive Building, Chicago.

**LIBRARIANS**—Record. (a) 150-bed hospital, New York State; one assistant; \$125, maintenance. (b) 100-bed hospital, Wyoming. (c) Assistant; 300-bed Ohio hospital; \$135, live out. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio. Miss Mary E. Surbray, Director.

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Let us help you secure the position or personnel you are seeking. We have qualified applicants and desirable openings at attractive salaries.

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Service rendered to:

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## HOSPITAL ACCOUNTING

Installation of systems, yearly audits, help on accounting problems by specialist in hospital accounting for many years.

ROBERT PENN, C.P.A.

Co-author of Penn-Ward System

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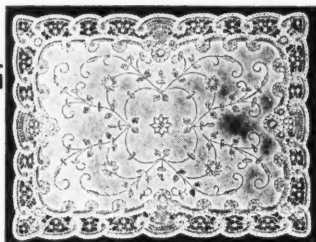
# WAR Conservation!

*Milapaco*

## LACE PAPER TRAY COVERS

- Conserve your Linen Supply.
- Reduce Laundering Expense.
- IMPROVE MEAL SERVICE

Hospitals, too, can help save the cotton and linen so essential to armed forces for bandages, clothing, tents, gun cotton and other needs . . . Can help by using Milapaco Lace Paper Tray Covers on daily meal trays. In addition to saving linen, laundry expense, serving costs, you actually add greater appeal to luncheon trays—the exquisite beauty of Milapaco Lace Patterns always attracts the admiration of patients, helps them to renewed appetite.



Ask your Jobber for "War Conservation" suggestions — with Milapaco Lace Paper Place Mats, Crepe Napkins, Souffle Cups, Jelly Dishes, Tumbler Covers, Order Souffle Cups for Sugar Rationing Now.

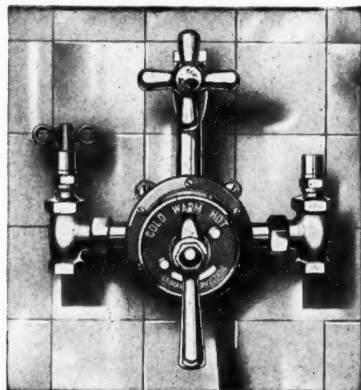
**MILWAUKEE LACE PAPER COMPANY**

1306 EAST MEINECKE AVENUE

MILWAUKEE, WISCONSIN

Established in 1898

## THERMOSTATIC CONTROL FOR SHOWERS



### LEONARD SERIES R VALVES

For safe dependable performance, Leonard Series R Valves are unsurpassed. Anti-scalding and anti-chilling, they are indispensable in modern hospitals and sanitariums where it is essential that water of the proper temperature be delivered from the shower head.

*Distributed through recognized plumbing wholesalers*

Manufactured by

**LEONARD VALVE COMPANY**

1360 ELMWOOD AVE.

CRANSTON, R. I.

## Positive IDENTIFICATION

Your fingerprint is a positive identification. But to mark your possessions against loss or misuse there is a better method — Cash's Names attached to every article you want identified.



See that uniforms and other clothing carry the owner's name. Have towels, sheets, blankets, etc. marked for each ward. And be sure to use Cash's **Woven Names**. They're permanent, economical, easy to attach with thread or Cash's NO-SO Cement (25c a tube.)

<b>Personal</b>	{ 12 doz. \$3.00	9 doz. \$2.50 }
<b>Name Prices</b>	{ 6 doz. 2.00	3 doz. 1.50 }

A larger size, Woven on half-inch tape, is widely used for attaching to sleeves or caps of uniforms.

**SPECIAL!** For those who desire woven name quality at the lowest possible price we offer Cash's **JACQUARD** Woven Names in 3 styles. Ask about them.

*Write and let us figure on your needs, whether institutional or personal*



**CASH'S**

212 Chestnut St., So. Norwalk, Conn., or 6208 So. Gramercy Pl., Los Angeles, California.

## HELP SAVE RUBBER

You can get this informative booklet free. It tells how you can make surgical rubber goods last longer and thus aid in the great national rubber conservation campaign to help win the war. Address your request to

**MILLER RUBBER SUNDRIES DIVISION**

*of The B. F. Goodrich Company*  
AKRON, OHIO

**PRESENTING**

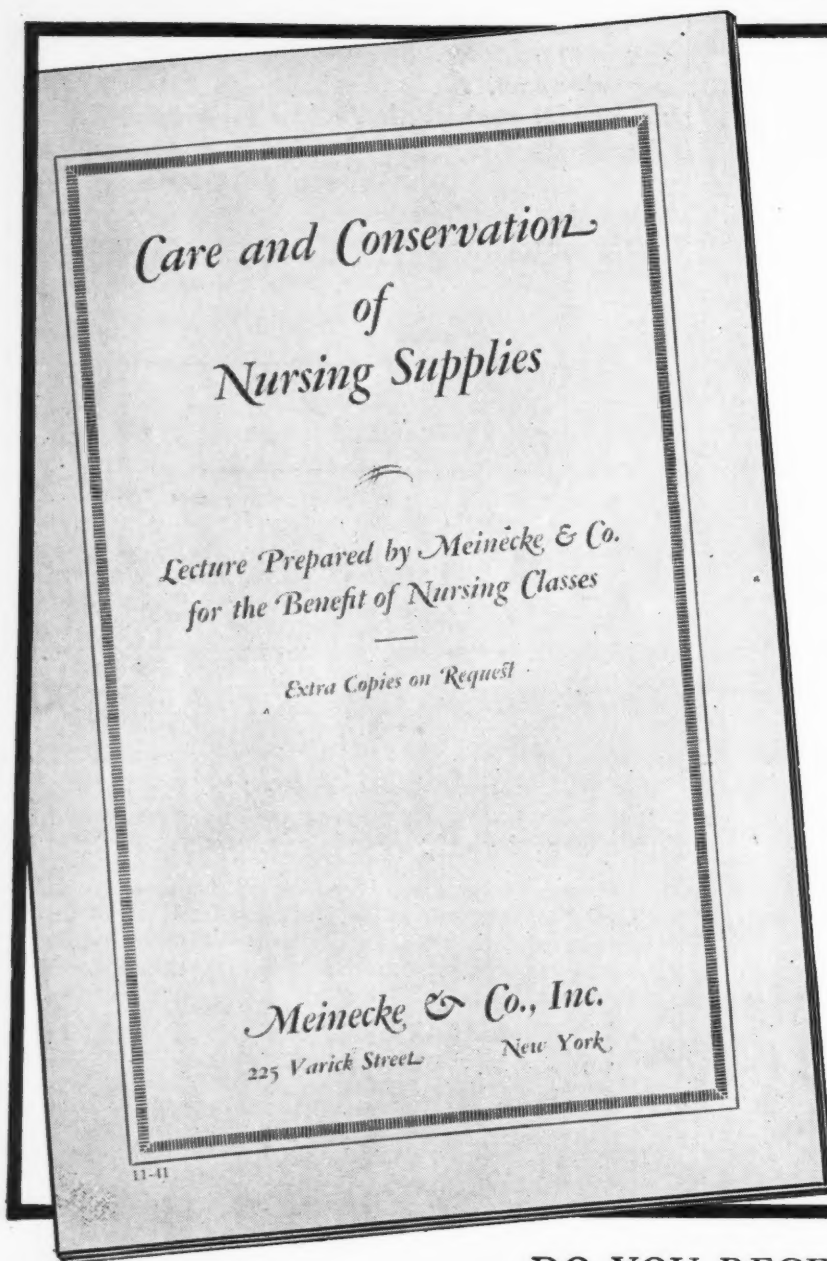
**THE CARE AND HANDLING OF HOSPITAL RUBBER GOODS**

**WRITE FOR YOUR FREE COPY TODAY**

Read and pass along:  
☐ Superintendent  
☐ Medical Director  
☐ Surgical Supervisor  
☐ Purchasing Agent  
☐ Pharmacist  
☐ Superintendent

**Miller**

# PREVENTION OF WASTE IS A NATIONAL NECESSITY!



During the National Emergency we have delegated one of our experienced representatives, Mrs. M. J. Heffernan, (who, incidentally, has 20 years service to her credit) to lecture to student nurses on the "Care and Conservation of Nursing Supplies."

If you are interested in this educational feature, write us and we will endeavor to make arrangements for Mrs. Heffernan to deliver this lecture to your Nursing Classes. Should we find it inconvenient for our representative to be in your particular locality, we will then send printed copies so that the lecture can be delivered by your own Instructress of Nurses.

The items covered in this lecture include all types of rubber goods, hand scrubs and surgical nursing trays.

#### COMPANION BOOKLET

*"How a Thermometer  
Is Made"*

is also available for distribution to Nursing Classes.

#### DO YOU RECEIVE *"Ideas of the Month?"*

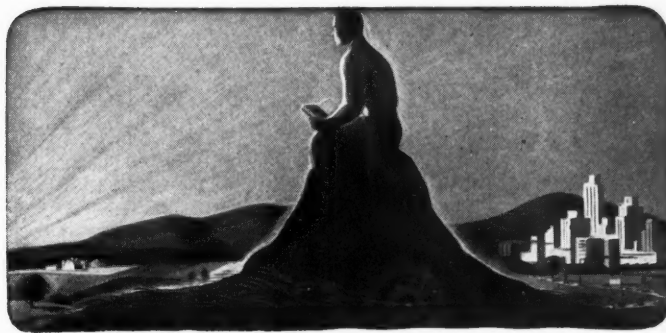
Our monthly publication is becoming increasingly popular for its valuable service as a clearing house of time and money saving ideas.

## MEINECKE & CO., Inc.

*Dependable Hospital Supplies*

225 VARICK STREET, NEW YORK





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## A F T E R H O U R S

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### *Hospitals Under Fire*

THE NATION AT WAR is remembering Pearl Harbor, symbol of treachery and the unwillingness of nations to behave as civilized human beings. There is another memory of Pearl Harbor, of Manila, of Bataan, of Dunkerque and of every other scene of the devastation of war that mankind may proudly retain forever. This other memory is of service to the wounded and the dying rendered by hospitals under fire.

There may have been misunderstanding between the commands of the armed forces in Hawaii. There may have been inadequate preparation and bad appraisal of enemy forces in the losses of France, the Philippines, Java and Singapore. But the hospitals were prepared for the direst emergency. In every record of the war, hospitals have carried out their tasks in the face of almost insurmountable obstacles. The wounded have been cared for with skill and sympathy. Reports so far received, even from areas of surprise attack, state that sulfonamide drugs were on hand and that the dread scourge of gangrene, specter that has always stalked the world's battlefields, was held to a minimum.

The individual heroism of Doctor Wassell has undoubtedly been repeated countless times since December 7 and most of the heroes remain undecorated and unsung. Whether or not the Army was ready, it has been obvious that hospitals in the far-flung and vulnerable reaches of American territory were ready and were as well

prepared in spirit and morale as in the physical means of doing their job under fire.

Of all civilian enterprises, hospitals were the first to take war seriously. Their long devotion to the service of humanity in times of emergency made them naturally alert to the new and greater emergencies implicit in war. Preparations were under way many months before Pearl Harbor—not the passive preparations of conversation and halfway measures, but active preparation for blackout, emergency treatment for bombing victims and even for the grim eventuality of chemical warfare against our own cities. Civilian hospital facilities, with relatively little governmental aid, were increased during 1941 by half again their normal increment and stepped up potential emergency capacity by realistic surveys indicating that from 25 to 50 per cent more beds could be made available if necessary. More than a year ago hospitals began to train increased numbers of doctors and nurses against the certain eventualities of vastly greater demands for such personnel.

Perhaps the highest compliment that could be paid to the hospitals of America is that no special recognition has been given them. Their magnificent stature under pressure was so taken for granted that they have seemed only to have done what everyone knew they would do. The people of the nation can pay them no greater tribute.

—THE PUBLISHER



Are you still doing it  
the Costly Way?

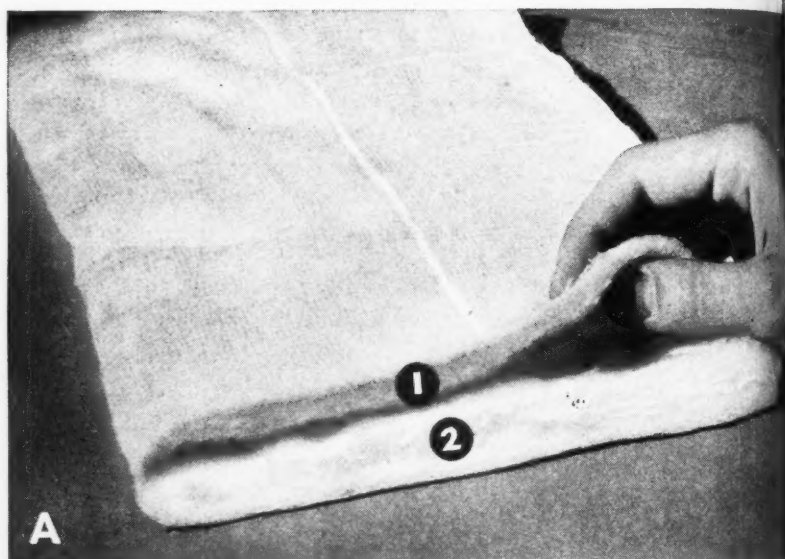
● Today, in the average hospital, the cost of making a Dressing Combine, excluding labor, exceeds the price of our ready-made kind.

Dressing Combines have a soft cotton filler which adds to patient comfort, and a non-absorbent back which prevents soiling bed linen. Made in several cut sizes and in rolls 8" x 20 yds., they meet every requirement for a secondary dressing in drainage cases. Why pay more and get less? Do it the modern, *economical* way!

## READY-MADE DRESSING COMBINES

- A** Top layer (1) is non-absorbent to prevent soiling of linen; Bottom layer (2) is absorbent cotton.
- B** An extra feature—overlapping gauze edges are sealed to prevent separation after sterilizing and handling.

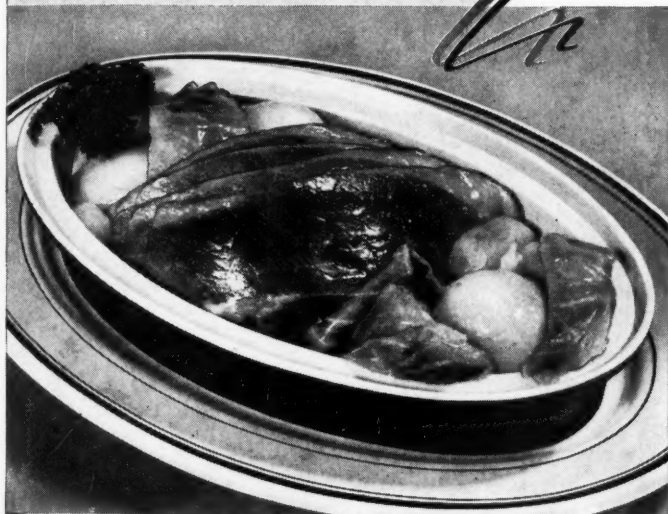
HOSPITAL DIVISION  
**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL







# 3 reasons why HALL CHINA IS PREFERRED FOR CASSEROLE COOKING



**Corned Beef And Cabbage In Hall Oval Casserole**  
An old favorite, individually served, reaches a new high in appetizing appeal . . . its rich, full flavor "sealed-in" by the gleaming, white walls of a Hall casserole.



**Sweetbreads In Hall French Shirred Egg Dish**  
Good to look at and just as good to eat . . . creamed sweetbreads, Virginia style ham, and crisp vegetables topped with a piquant cream sauce . . . in a Hall China baking dish.

## 1 ASSURES PERFECT BAKING

The heavy, fireproof walls of Hall Secret Process China diffuse direct oven heat so that all the contents of the casserole are subjected to an even, steady temperature. Food is thoroughly cooked. Flavor is rich, full, and unscorched. There are no burnt bottoms or edges while the inside is just half-done when Hall China is used.



## 2 KEEPS FOOD HOT

Hall China "seals-in" the heat . . . and the flavor too—for the fine texture of its thick body retards heat loss, and completely prevents staining and absorption. The use of Hall China minimizes complaints about cold servings, "off-taste," and discoloration.



## 3 ALWAYS LOOKS "NEW"

Hall China cannot craze and the color will not fade or wear away . . . for body, glaze, and color are fused together by an exclusive, secret process. Hall China resists chipping because it has a safety-measure of strength where it counts—in rims, lips, and handles. It is easy-to-clean and gleams like new even after long, hard use.



The Hall China Company, East Liverpool, Ohio  
World's Largest Manufacturer of Fireproof Cooking China

GOOD RECIPES BEGIN WITH



**HALL**  
Secret Process  
**FIREPROOF CHINA**



TODAY IT'S MORE IMPORTANT  
THAN EVER TO . . .



ALL over America, the first week of June is being observed as Noise Abatement Week. In hospitals, nurses and attendants will try to be more than usually thoughtful about needless noise. And in hundreds of more progressive institutions, doctors, nurses, and patients will be more than ever conscious of the benefits of Celotex Sound Conditioning.

With all America centering every available ounce of energy on our war effort,

this is the ideal year to think of putting this modern sound-deadening treatment in your hospital.

Solidly developed through more than fifteen years of field experience in sound-conditioning hospital corridors, wards, private rooms, kitchens, and nurseries, this service offers you (1) Proved engineering practice, (2) Uniformly dependable acoustical products, and (3) Guaranteed results! Write for complete information.

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SOUND CONDITIONING

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